## Exhibit H

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Page 1
            IN THE COURT OF COMMON PLEAS
 1
 2.
        PHILADELPHIA COUNTY, PENNSYLVANIA
 3
 4
      IN RE: PELVIC MESH
      LITIGATION
 5
      PATRICIA L. HAMMONS
                              : MAY TERM, 2013
 6
            Plaintiff,
 7
                              : NO. 003913
            v.
 8
      ETHICON, INC., et al.
 9
10
                 September 1, 2015
11
12
13
                           Oral deposition of
     ANNE M. WEBER, M.D., taken pursuant to
14
     notice, was held at the law offices of
     Kline & Specter, 1525 Locust Street,
15
     Philadelphia, Pennsylvania commencing at
     9:03 a.m., on the above date, before
     Michelle L. Gray, a Registered
16
     Professional Reporter, Certified
17
     Shorthand Reporter and Notary Public.
18
19
20
21
22
             GOLKOW TECHNOLOGIES, INC.
          877.370.3377 ph | 917.591.5672 fax
23
                  deps@golkow.com
24
```

			1	<u>,                                      </u>	
	•	Page 2			Page 4
1 /	APPEARANCES:		1	 INDEV	
3	MAZIE SLATER KATZ & FREEMAN, LLC		2	INDEX	
4	BY: ADAM SLATER, ESQUIRE 103 Eisenhower Parkway, 2nd Floor		4		
'	Roseland, New Jersey 07068			Testimony of: ANNE M. WEBER, M.D.	
5	(973) 228-9898		5		
6	aslater@mskf.net Representing the Plaintiff		_	By Mr. Moriarty 8, 235	
7			6	By Mr. Slater 223	
8	KLINE & SPECTER, P.C. BY: KILA BALDWIN, ESQUIRE		7	by Mr. Sidter 223	
0	1525 Locust Street, 19th Floor		8		
9	Philadelphia, Pennsylvania 19102		9		
10	(215) 772-1000 kilabadwin@klinespecter.com		10	EXHIBITS	
	Representing the Plaintiff		11 12		
11	THEYED FILTE LLD		13	NO. DESCRIPTION PAGE	
12	TUCKER ELLIS, LLP BY: MATTHEW P. MORIARTY, ESQUIRE		14	Weber-1 Reliance Materials 9	
13	950 Main Avenue, Suite 1100		15	Weber-2 Report of Anne M. 22	
1/1	Cleveland, Ohio 44113 (216) 592-5009			Weber, M.D.	
14	matthew.moriarty@tuckerellis.com		16	Volume I & II	
15	Representing the Defendants		17	Weber-3 Notice of Deposition 24	
16	THOMAS, COMBS & SPANN, PLLC		18 19	Weber-4 Invoices for Hammons 28 Weber-5 Patient Registration 37	
17	BY: SUSAN M. ROBINSON, ESQUIRE		19	Daviess Hospital	
40	300 Summers Street, Suite 1380		20	2/1/07	
18	Charleston, West Virginia 25301 (304) 414-1805			DAVIESSHOSP000974-985	
19	srobinson@tcspllc.com		21		
20	Representing the Defendants			Weber-6 Report of Operation 80	
20 21			22	5/5/09 HAMMONSP_DAVCH_MDR00055-56	
22			23	HAMMONSP_DAVCH_MDR00033-30	
23 24			24		
1 2 3 4 5 6 7 8 9 10 11	(It is hereby stipulated and agreed by and among counsel that sealing, filing and certification are waived; and that all objections, except as to the form of questions, be reserved until the time of trial.)		1 2 3 4 5 6 7 8 9 10 11 12	EXHIBITS (Cont'd.)   NO. DESCRIPTION PAGE Weber-7 Heartland Office 91 Visit 3/17/09 HAMMONSP_HEOBG_MDR00002-5 Weber-8 Daviess Community 102 Hospital, History & Physical 5/5/09 HAMMONSP_DAVCH_MDR00015-16 Weber-9 Start Coping 112 Start Living Slide Deck ETH.MESH.03906037-52	
12				Weber-10 FDA Public Health 117	
13			14	Notification 10/20/08	
14			15		
15			16	Weber-11 Dyspareunia and Mesh 118 Erosion After Vaginal	
16				Mesh Replacement with a	
17			17	Kit Procedure (Boyles)	
18			18	. , ,	
			10	Weber-12 Does the Prolift 120	
10			19	System Cause Dyspareunia? (Lowman)	
19					
20			20	,	
20 21				Weber-13 ACOG Practice 121	
20 21 22			20 21	,	
20 21			21 22	Weber-13 ACOG Practice 121 Bulletin Pelvic Organ	
20 21 22			21	Weber-13 ACOG Practice 121 Bulletin Pelvic Organ Prolapse	

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Page 6
                                                                                                               Page 8
1
                                                            1
2
         EXHIBITS (Cont'd.)
                                                            2
                                                                          ... ANNE M. WEBER, M.D.,
3
                                                            3
                                                                     having been first duly sworn, was
4
                                                                     examined and testified as follows:
5
   NO.
            DESCRIPTION
                             PAGE
                                                            4
6
   Weber-14
              Deaconess Women's
                                147
                                                            5
           Hospital
                                                            6
                                                                           EXAMINATION
7
           Operative Note
                                                            7
                                                                            - - -
           12/15/09
           HAMMONSP_WHC_MDR00006
8
                                                            8
                                                                BY MR. MORIARTY:
   Weber-15 Operative/Procedure 148
9
                                                            9
                                                                          Tell us your full name,
                                                                     Q.
           Report (Heit)
                                                           10
                                                                please.
10
           11/28/12
           HAMMONSP_RFC_MDR00088-91
                                                           11
                                                                          Anne Margaret Weber.
                                                                     Α.
11
                                                           12
                                                                          Okay. You are Dr. Weber?
                                                                     Ο.
    Weber-16
              Operative/Procedure 148
                                                           13
                                                                          Yes.
                                                                     Α.
12
           Report (Heit)
           HAMMONSP_RFC_MDR00086-87
                                                           14
                                                                     Q.
                                                                          I know you've been through
13
                                                           15
                                                               depositions, and I know you've testified
14
                                                                in court. Just to remind you, if you do
                                                           16
                                                                not understand my question, please just
                                                           17
15
16
                                                               tell me and I'll make it clear to you.
                                                           18
17
                                                           19
                                                               Okay?
18
                                                           20
                                                                     Α.
                                                                          Yes.
19
                                                           21
                                                                          All right. How old are you,
20
                                                                     Q.
21
                                                           22
                                                               Dr. Weber?
22
                                                           23
                                                                     Α.
                                                                          53.
23
                                                           24
                                                                         (Document marked for
24
                                                    Page 7
                                                                                                               Page 9
1
                                                                     identification as Exhibit
                                                            1
2
         DEPOSITION SUPPORT INDEX
                                                            2
                                                                     Weber-1.)
3
                                                            3
                                                                BY MR. MORIARTY:
4
                                                            4
                                                                     Q. I'm going to hand you what
5
    Direction to Witness Not to Answer
                                                            5
                                                               I've marked as Exhibit 1. I apologize
6
    PAGE LINE
    117
         24
                                                            6
                                                               for the thickness. These were printed
7
         19
    118
                                                            7
                                                               just on one side.
    213
         16
                                                            8
                                                                         Is that your report in this,
8
                                                            9
                                                                the Hammons case, plus the CV that you
9
    Request for Production of Documents
    PAGE LINE
                                                               attached to it and the reliance list?
10
                                                           10
    None.
                                                           11
                                                                         MR. MORIARTY: Off the
11
                                                           12
                                                                     record.
    Stipulations
12
                                                           13
                                                                         (Whereupon, a discussion was
13
    PAGE LINE
                                                           14
                                                                     held off the record.)
    None.
14
                                                           15
                                                                         THE WITNESS: Yes.
    Questions Marked
15
                                                           16
                                                                BY MR. MORIARTY:
16
    PAGE LINE
                                                           17
                                                                     O. So that is your report in
    None.
                                                               this case and the reliance list?
                                                           18
17
18
                                                           19
                                                                     Α.
                                                                          Yes.
19
                                                                          All right. The address
                                                           20
                                                                     Q.
20
                                                           21
                                                                that's at the top, is that your home
21
                                                           22
                                                                address?
22
                                                           23
23
                                                                     Α.
                                                                          Yes.
24
                                                           24
                                                                          And you have an office
                                                                     Q.
```

		Page 10		A Oliver	Page 12
1	within your home?		1	A. Okay.	- 1
2	A. Yes.		2	Q. All right. In 2015, have	- 1
3	Q. Do you have any employees?		3	you resumed your license and the practice	- 1
4	A. No.		4	of medicine?	- 1
5	Q. Okay. So the research that		5	A. No.	- 1
6	you do and the assembly of this sort of a		6	Q. In 2015, did you take any	- 1
7	report is something that you do yourself?		7	privileges at any hospital?	
8	A. Yes.		8	A. No.	- 1
9	Q. All right. Do you have any		9	Q. In 2015, have you seen or	- 1
10	research collaborators or subcontractors		10	examined any patients?	- 1
11	that you hire to do research on matters		11	A. No.	- 1
12	like this?		12	Q. In 2015, have you looked at	- 1
13	A. No.		13	any pathological specimens under a	- 1
14	Q. Now, I think, as you		14	microscope?	- 1
15	understand, I'm here to ask you about		15	A. No.	- 1
	· · · · · · · · · · · · · · · · · · ·				- 1
16	your opinions regarding Pat Hammons.		16	Q. In 2015, have you	- 1
17	I've done my best to eliminate general		17	participated in the conduct of any	- 1
18	opinion questions that you may have been		18	clinical trials?	- 1
19	asked before. There may be times that I		19	A. No.	- 1
20	stumble into one, if you'll excuse that.		20	Q. In 2015, have you spoken at	- 1
21	Sometimes I need to do it as		21	any continuing medical education	- 1
22	background in context for a certain		22	conferences?	- 1
23	Hammons issue. Do you understand that?		23	A. No.	- 1
24	MR. SLATER: She may		24	Q. Have you spoken at any legal	
-					
		D 11			D 12
1	understand, but I'm going to	Page 11	1	conferences in 20152	Page 13
1	understand, but I'm going to	Page 11	1	conferences in 2015?	Page 13
2	object if you go into areas that	Page 11	2	A. No.	Page 13
2	object if you go into areas that are outside the agreement.	Page 11	2	A. No. Q. In 2015, have you either	Page 13
2 3 4	object if you go into areas that are outside the agreement.  MR. MORIARTY: I understand	Page 11	2 3 4	A. No. Q. In 2015, have you either published or submitted to be published	Page 13
2 3 4 5	object if you go into areas that are outside the agreement.  MR. MORIARTY: I understand that.	Page 11	2 3 4 5	A. No. Q. In 2015, have you either published or submitted to be published any articles in the peer-reviewed medical	Page 13
2 3 4 5 6	object if you go into areas that are outside the agreement.  MR. MORIARTY: I understand that.  MR. SLATER: I'm not going	Page 11	2 3 4 5 6	A. No. Q. In 2015, have you either published or submitted to be published any articles in the peer-reviewed medical literature?	Page 13
2 3 4 5 6 7	object if you go into areas that are outside the agreement.  MR. MORIARTY: I understand that.  MR. SLATER: I'm not going to have her answer those	Page 11	2 3 4 5	A. No. Q. In 2015, have you either published or submitted to be published any articles in the peer-reviewed medical literature? A. No.	Page 13
2 3 4 5 6 7 8	object if you go into areas that are outside the agreement.  MR. MORIARTY: I understand that.  MR. SLATER: I'm not going	Page 11	2 3 4 5 6	A. No. Q. In 2015, have you either published or submitted to be published any articles in the peer-reviewed medical literature?	Page 13
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		Page 14			Page 16
1	A. No.		1	reliance list. You can read the	
2	Q. Would you do you know off		2	dates on the articles just as well	
3	the top of your head whether there are		3	as she can. I'm not really sure	
4	any 2015 articles that you've added to		4	of the point of this.	
5	the reliance list?		5	I would anticipate that	
6	A. I don't know that off the		6	we'll be done before 4 o'clock.	
7	top of my head.		7	Right?	
8			8	MR. MORIARTY: I don't know.	
9	Q. Okay. Would you like to check and look?		9		
				MR. SLATER: I would expect	
10	MR. SLATER: You want her to		10	to be. Dr. Weber has a train back	
11	go through a 40-page reliance		11	to Maryland, and I have meetings.	
12	list?		12	Let the record reflect, Dr.	
13	MR. MORIARTY: Well, it's		13	Weber is continuing to flip page	
14	your list.		14	by page trying to answer defense	
15	MR. SLATER: What does it		15	counsel's questions about whether	
16	matter? I mean, please. This		16	or not any of the articles on the	
17	isn't she's here you're here		17	reliance list that he's had in his	
18	to ask specific opinions about		18	hands for however long it's been	
19	Ms. Hammons. So what literature		19	weeks or months, I don't even	
20	she's looked at literature		20	know when it was served whether	
21	she's looked at, actually isn't		21	or not it says 2015 on any of the	
22	what you should be asking about		22	articles, even though he obviously	
23	today. You should be asking about		23	could read that for himself.	
24	Patricia Hammons, sir.		24	And for the record, at the	
	· · · · · · · · · · · · · · · · · · ·				
		Page 15			Page 17
1	BY MR. MORIARTY:	Page 15	1	end of the day when we're ready to	Page 17
1 2	BY MR. MORIARTY: O. Okay. Would you like to	Page 15	1 2	end of the day when we're ready to	Page 17
2	Q. Okay. Would you like to	Page 15	2	go and we've wasted 20 minutes on	Page 17
2	Q. Okay. Would you like to look at your list and tell me if there	Page 15	2	go and we've wasted 20 minutes on this, that time is going to come	Page 17
2 3 4	Q. Okay. Would you like to look at your list and tell me if there are any new 2015 articles on which you	Page 15	2 3 4	go and we've wasted 20 minutes on this, that time is going to come out of this deposition. It's not	Page 17
2 3 4 5	Q. Okay. Would you like to look at your list and tell me if there are any new 2015 articles on which you are relying for your opinions?	Page 15	2 3 4 5	go and we've wasted 20 minutes on this, that time is going to come out of this deposition. It's not going to be that we're going to go	Page 17
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2 3 4 5 6 7	Q. Okay. Would you like to look at your list and tell me if there are any new 2015 articles on which you are relying for your opinions?  A. If you like.  MR. SLATER: Go ahead and	Page 15	2 3 4 5 6 7	go and we've wasted 20 minutes on this, that time is going to come out of this deposition. It's not going to be that we're going to go on all day because Dr. Weber's forced to read something that	Page 17
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	MD MODILET ( 1117 111	Page 18			Page 20
1	MR. MORIARTY: All I did was		1	Q. Have you taken any	
2	ask her what page she was on.		2	additional courses in any other line of	
3	MR. SLATER: Sorry. If I'm		3	study, be it engineering, biomaterials,	
4	not in the room, I don't want you		4	anything else? Formal education.	
5	questioning when I'm not in the		5	A. No.	
6	room.		6	Q. In 2015, have you performed	
7	MR. MORIARTY: Well, you		7	any studies on contraction or shrinkage	
	· •			,	
8	were in the room.		8	rates of polypropylene mesh?	
9	MR. SLATER: I was walking		9	A. No.	
10	out with a phone. I got a very		10	Q. In 2015, have you performed	
11	important call, I thought.		11	or participated in any studies about the	
12	Now you can answer, Doctor.		12	degradation of polypropylene mesh?	
13	THE WITNESS: 85.		13	A. No.	
14	BY MR. MORIARTY:		14	Q. In 2015, have you	
15	Q. When you get to 101, please		15	participated in any studies on the	
16	let me know.		16	distinction between laser- or	
17	A. Okay. Page 101.		17	mechanical-cut mesh?	
18	Q. Page 101. Is that where it		18	A. No.	
19	transitions into "Additional Documents"?		19	Q. In 2015, have you drafted	
20	<ul> <li>A. It says that on the page.</li> </ul>		20	any labels for medical devices?	
21	Q. Okay. From your review of		21	A. No.	
22	the medical literature section of the		22	Q. In 2015, have you	
23	reliance list, were there any 2015		23	participated in preparing a 510(k)	
24	articles?		24	application to the FDA?	
-'	di dicico.		- '	application to the 127th	
		Page 19			Page 21
1	MR. SLATER: The medical	Page 19	1	A. No.	Page 21
		Page 19			Page 21
2	literature didn't end on Page 101,	Page 19	2	Q. Do you continue to subscribe	Page 21
2	literature didn't end on Page 101, Counsel. It says "Abstracts." It	Page 19	2 3	Q. Do you continue to subscribe to medical journals?	Page 21
2 3 4	literature didn't end on Page 101, Counsel. It says "Abstracts." It says "Other Documents"	Page 19	2 3 4	Q. Do you continue to subscribe to medical journals? A. Yes.	Page 21
2 3 4 5	literature didn't end on Page 101, Counsel. It says "Abstracts." It says "Other Documents" THE WITNESS: That's what	Page 19	2 3 4 5	Q. Do you continue to subscribe to medical journals? A. Yes. Q. Which ones do you subscribe	Page 21
2 3 4 5 6	literature didn't end on Page 101, Counsel. It says "Abstracts." It says "Other Documents" THE WITNESS: That's what I'm trying to discern.	Page 19	2 3 4 5 6	Q. Do you continue to subscribe to medical journals? A. Yes. Q. Which ones do you subscribe to, continuing now?	Page 21
2 3 4 5 6 7	literature didn't end on Page 101, Counsel. It says "Abstracts." It says "Other Documents" THE WITNESS: That's what I'm trying to discern. BY MR. MORIARTY:	Page 19	2 3 4 5 6 7	Q. Do you continue to subscribe to medical journals? A. Yes. Q. Which ones do you subscribe to, continuing now? A. The American Journal of	Page 21
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			1		1
		Page 22			Page 24
1	bring extra copies of this. The location		1	MR. MORIARTY: Okay.	
2	and date of today is highlighted on this		2	MR. SLATER: Would you like	
3	document. But this is, Dr. Weber,		3	copies of those?	
4	Exhibit 3. It is the notice for this		4	MR. MORIARTY: Yes, please.	
5	deposition.		5	MR. SLATER: Say "please"	
6	MR. SLATER: Counsel, is		6	again. Just kidding.	
7	that the notice that you told me		7	These are our invoices dated	
8	in an e-mail don't worry about it,		8	May 5th, June 3, July 1, August 2,	
9	you only wanted a couple of things		9	2015.	
10	from it? Yeah, that is.		10	MR. MORIARTY: Do you have	
11	You realize you wrote me an		11	any objection to me marking them	
12	e-mail		12	collectively as Exhibit 4?	
13	MR. MORIARTY: Yeah.		13	MR. SLATER: I have no	
14	MR. SLATER: that said		14	objection to that. That sounds	
15	don't worry about this		15	like a splendid idea.	
16	MR. MORIARTY: Mr. Slater, I		16	(Document marked for	
17	remember my e-mail. You haven't		17	identification as Exhibit	
18	even heard the question yet.		18	Weber-4.)	
19	(Document marked for		19	BY MR. MORIARTY:	
20	identification as Exhibit		20	Q. Dr. Weber, I've had marked	
21	Weber-3.)		21	as Exhibit 4, a sequence of four letters	
22	BY MR. MORIARTY:		22	from you to Mr. Slater's office. And all	
23	Q. Is that the notice for this		23	it has to do with is the amount of time	
24	deposition?		24	that you've spent on this case. Okay.	
- '	deposition.		_ '	that you've spent on this case. Olay.	
		Page 23			Page 25
1	A It appears to be	Page 23	1	MR SLATER: And the amounts	Page 25
1 2	A. It appears to be. O Okay Have you ever seen it	Page 23	1 2	MR. SLATER: And the amounts	Page 25
2	Q. Okay. Have you ever seen it	Page 23	2	billed, right?	Page 25
2 3	Q. Okay. Have you ever seen it before?	Page 23	2	billed, right? MR. MORIARTY: And the	Page 25
2 3 4	Q. Okay. Have you ever seen it before? A. Yes.	Page 23	2 3 4	billed, right?  MR. MORIARTY: And the amounts billed.	Page 25
2 3 4 5	Q. Okay. Have you ever seen it before? A. Yes. Q. All right. Did you bring	Page 23	2 3 4 5	billed, right?  MR. MORIARTY: And the amounts billed. BY MR. MORIARTY:	Page 25
2 3 4 5 6	Q. Okay. Have you ever seen it before? A. Yes. Q. All right. Did you bring any documents at all to today's	Page 23	2 3 4 5 6	billed, right? MR. MORIARTY: And the amounts billed. BY MR. MORIARTY: Q. Is that what those are?	Page 25
2 3 4 5 6 7	Q. Okay. Have you ever seen it before? A. Yes. Q. All right. Did you bring any documents at all to today's deposition?	Page 23	2 3 4 5 6 7	billed, right? MR. MORIARTY: And the amounts billed. BY MR. MORIARTY: Q. Is that what those are? A. Yes.	Page 25
2 3 4 5 6 7 8	Q. Okay. Have you ever seen it before? A. Yes. Q. All right. Did you bring any documents at all to today's deposition? A. I don't have any hardcopy	Page 23	2 3 4 5 6 7 8	billed, right? MR. MORIARTY: And the amounts billed. BY MR. MORIARTY: Q. Is that what those are? A. Yes. Q. All right. Did you do any	Page 25
2 3 4 5 6 7 8 9	Q. Okay. Have you ever seen it before? A. Yes. Q. All right. Did you bring any documents at all to today's deposition? A. I don't have any hardcopy documents, no.	Page 23	2 3 4 5 6 7 8	billed, right?  MR. MORIARTY: And the amounts billed. BY MR. MORIARTY: Q. Is that what those are? A. Yes. Q. All right. Did you do any work on this case before 2015?	Page 25
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Okay. Have you ever seen it before?  A. Yes. Q. All right. Did you bring any documents at all to today's deposition? A. I don't have any hardcopy documents, no. Q. Okay. MR. SLATER: We have we have what you asked for. BY MR. MORIARTY: Q. May I have that back, please.  MR. MORIARTY: Can I have what do you I don't know what you have that I asked for. I don't need you to hand me medical records, but if you've got billing entries or anything like that.	Page 23	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	billed, right?  MR. MORIARTY: And the amounts billed. BY MR. MORIARTY: Q. Is that what those are? A. Yes. Q. All right. Did you do any work on this case before 2015? A. No. Q. Other than reviewing your report, any medical records, or depositions specific to Mrs. Hammons, did you do anything else to prepare for your deposition today? A. Yes. Q. Tell me what you did besides those things. A. We met in a group. Q. Okay. MR. SLATER: That's	Page 25

	•	Page 26			Page 28
1	discussed.		1	A. Yes.	
2	BY MR. MORIARTY:		2	Q. Okay. Now, it's my	
3	Q. How many I just want to		3	understanding that "primary report"	
4	know how many people were in the group.		4	refers to what I have had marked here as	
5	A. Four.		5	Exhibit 2.	
6	Q. And was the meeting today or		6	(Document marked for	
7	yesterday?		7	identification as Exhibit	
8	A. Yesterday.		8	Weber-2.)	
9	•		9	BY MR. MORIARTY:	
	,		10		
10	meeting presumably with Ms. Hammons'			Q. Weber Exhibit 2. It is a	
11	legal team. You reviewed her medical		11	report that you drafted in 2012. Let me	
12	records, or re-reviewed them. You		12	get the specific date. June 15, 2012,	
13	reviewed or re-reviewed some depositions.		13	addressed to Mr. Slater.	
14	You did those things,		14	A. Yes.	
15	correct?		15	Q. Okay. And this is a	
16	A. Yes.		16	two-volume document; is that right?	
17	Q. All right. Did you review		17	MR. SLATER: And, Counsel,	
18	reports from other experts for		18	for the record, it's over 500	
19	Mrs. Hammons such as Dr. Zipper,		19	pages that you've put on the	
20	Dr. Pence, any of those?		20	table. We're not going to go	
21	A. I have reviewed Dr. Zipper's		21	through every page to confirm that	
22	report.		22	you actually that you have all	
23	Q. Okay. Not not that of		23	the pages.	
24	Peggy Pence?		23 24	MR. MORIARTY: Well	
4	reggy rence:		27	MR. MORIARTT. Well	
		Page 27			Page 29
1	A. No.	Page 27	1	MR. SLATER: So we're taking	Page 29
1 2	A. No.	Page 27	1	MR. SLATER: So we're taking	Page 29
2	Q. Or Dr. Elliott?	Page 27	2	your representation that you have	Page 29
2	Q. Or Dr. Elliott? A. No.	Page 27	2	your representation that you have provided it by other counsel of	Page 29
2 3 4	<ul><li>Q. Or Dr. Elliott?</li><li>A. No.</li><li>Q. Okay. Did you review any</li></ul>	Page 27	2 3 4	your representation that you have provided it by other counsel of Ethicon. I assume you don't want	Page 29
2 3 4 5	Q. Or Dr. Elliott? A. No. Q. Okay. Did you review any expert reports for the defense such as	Page 27	2 3 4 5	your representation that you have provided it by other counsel of Ethicon. I assume you don't want me to go through this thing and	Page 29
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		Page 30			Page 32
1	to be distracted by that. I'm not		1	prepared.	
2	even sure why we're doing this.		2	BY MR. MORIARTY:	
3	You're supposed to be asking about		3	Q. For 2014, have you done a	
4	her opinions on the Hammons case.		4	tax return?	
5	MR. MORIARTY: Because she		5	A. Yes.	
6	refers to it. And I want to make		6	Q. Okay. Other than work done	
7	sure that that's what she's		7	for Mr. Slater's law firm in consulting	
8	referring to.		8	on pelvic mesh cases, did you have any	
9	BY MR. MORIARTY:		9	other earned income on your 2014 tax	- 1
10	Q. That's your primary report?		10	return?	- 1
11	A. Yes.		11	A. No.	- 1
12	Q. Okay. Thank you. Have you		12	Q. Other than consulting for	
13	ever done a report like Exhibit 2 for any		13	Mr. Slater on pelvic mesh cases in 2015,	
14	other about any other Ethicon product		14	to date, to the best of your knowledge,	- 1
15	besides Prolift?		15	have you had other earned income?	
16	A. No.		16	A. No.	
17	Q. Getting back to Exhibit 4,		17	Q. Okay. I want to talk about	
18	these billing records, I understand that		18	some risk factors for Mrs. Hammons.	- 1
19			19		- 1
	you may be consulting with Mr. Slater on			Okay? And your report is over there	
20	other cases. Okay. For 2014		20	somewhere. You're more than welcome to	
21	MR. SLATER: She's not going		21	consult with it or the medical records if	- 1
22	to answer questions about billing		22	you need to answer my question. Do you	- 1
23	on other matters.		23	understand?	- 1
24	MR. MORIARTY: Can you just		24	A. Yes.	
		Page 31			Page 33
1	object?	Page 31	1	O Okay Do you still	Page 33
1 2	object?	Page 31	1	Q. Okay. Do you still	Page 33
2	MR. SLATER: My	Page 31	2	subscribe to the view that risk factors	Page 33
2 3	MR. SLATER: My understanding is it's only about	Page 31	2	subscribe to the view that risk factors for POP fall into the categories of	Page 33
2 3 4	MR. SLATER: My understanding is it's only about this case.	Page 31	2 3 4	subscribe to the view that risk factors for POP fall into the categories of predisposing, inciting, promoting, or	Page 33
2 3 4 5	MR. SLATER: My understanding is it's only about this case. MR. MORIARTY: Can you just	Page 31	2 3 4 5	subscribe to the view that risk factors for POP fall into the categories of predisposing, inciting, promoting, or decompensating?	Page 33
2 3 4 5 6	MR. SLATER: My understanding is it's only about this case. MR. MORIARTY: Can you just object?	Page 31	2 3 4 5 6	subscribe to the view that risk factors for POP fall into the categories of predisposing, inciting, promoting, or decompensating?  A. In general, yes.	Page 33
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	·	Page 34			Page 36
1	MR. MORIARTY: Okay.		1	recurrence of prolapse after a repair	
2	MR. SLATER: There's also a		2	surgery?	
3	foundational issue with the		3	A. They may, yes, in general.	
4	question too.		4	Q. In what sense may they, and	
5	BY MR. MORIARTY:		5	in what sense may they not?	
6	Q. They may in what sense, and		6	A. If I'm understanding your	
7	in what sense may they not?		7	question correctly, you're asking about	
8	A. In order to answer that		8	the pathophysiology of recurrent	
9	question, we would need to go through the		9		
			_	prolapse. Is that right?	
10	risk factors one by one.		10	Q. Let me bring it specific to	
11	Q. Okay. Well, let's go		11	this case. Was Mrs. Hammons, because of	
12	through the factors, and then I'll ask		12	these factors, at risk for recurrent	
13	you that question again. Okay?		13	prolapse after a prolapse repair surgery	
14	Do we know whether		14	regardless of which technique was chosen?	
15	Mrs. Hammons had a genetic predisposition		15	A. Yes.	
16	to pelvic organ prolapse?		16	Q. Okay. What is your	
17	<ul> <li>A. I don't think that's known.</li> </ul>		17	understanding of for how long	
18	Q. All right. Did Mrs. Hammons		18	Mrs. Hammons complained of pelvic organ	
19	have at least two inciting risk factors,		19	prolapse symptoms prior to when she saw	
20	being delivery, vaginal deliveries, and		20	Dr. Baker in 2009?	
21	surgery, being the hysterectomy?		21	A. In the records, it's	
22	A. She had two vaginal		22	recorded as about two years.	
23	childbirths. The hysterectomy was not a		23	Q. Okay. And what is the first	
24	predisposing factor for prolapse.		24	medical record that you have seen before	
				,	
	p	Page 35			Page 37
		Page 35	1	today with a complaint of polyic organ	Page 37
1	Q. Because she had it at the	Page 35	1	today with a complaint of pelvic organ	Page 37
2	Q. Because she had it at the time of her prolapse surgery?	Page 35	2	prolapse for Mrs. Hammons?	Page 37
2 3	Q. Because she had it at the time of her prolapse surgery? A. She had prolapse at the time	Page 35	2	prolapse for Mrs. Hammons?  A. To answer that accurately, I	Page 37
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		1		
	Page	38		Page 40
1	And just so the record is	1	please, about a third of the way down,	- 1
2	clear, I can tell you what my	2	there's a pain assessment.	
3	understanding of this is. An emergency	3	Do you see that?	- 1
4	room record, February 1, 2007, from	4	A. Yes.	- 1
5	Daviess Community Hospital.	5	<ul><li>Q. And was she complaining of</li></ul>	- 1
6	A. No, I have not seen this	6	some vaginal area pain?	
7	before.	7	A. Yes, in the vaginal area.	
8	Q. Okay. Do you agree with me	8	Q. Okay. If a patient has a	
9	that it's an emergency room record from	9	displaced pessary, can that be painful?	
10	Daviess Community Hospital, February 1st	10	A. I'm not sure what you mean	
11	of 2007?	11	by "displaced."	
12	A. Yes.	12	Q. Well, somewhere in here I	
13	Q. And the on the first	13	believe it either says that the pessary	
14	page, in the upper left-hand corner,	14	·	
15	there's a section called "Diagnosis,	15	like that.	
16	Symptoms, Procedure."	16		
17	Do you see that?	17	, .	
18	A. I'm sorry. I'm just reading	18	but not aligned where it's supposed to	
19	her name, and that's not her name.	19	be, can that be painful?	
20	Q. Okay. Well, if you go down	20	A. Yes.	
21	and look at the emergency contact, do you	21	Q. Okay. And if you go to the	
22	know that Chris Winkler is Patricia	22		
23	Hammons' son?	23	,	
24	A. I'm aware that he is a	24	you see where it says "bladder fell"?	
	Page			
	raye	39		Page 41
1		<sup>39</sup>   1	A. Yes.	Page 41
1 2	family member. Yes. Q. Okay. And do you know that		A. Yes. Q. All right. So this record	Page 41
	family member. Yes.	1	Q. All right. So this record	Page 41
2	family member. Yes. Q. Okay. And do you know that Patricia Hammons works at Wal-Mart, which	1 2	Q. All right. So this record would be consistent with a history given	Page 41
2	family member. Yes. Q. Okay. And do you know that	1 2 3	Q. All right. So this record would be consistent with a history given to Dr. Baker that her symptoms of pelvic	Page 41
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1 MR. SLATER: I thought you 2 said you had all the records you 3 need. 4 MR. MORIARTY: I do. I'm 5 just asking if you have yours. 6 MR. SLATER: We don't have 7 it here. 8 BY MR. MORIARTY: 9 Q. Doctor, I'm showing you what 10 is a February 19, 2009, Dr. Rohrer office 11 note. And it's my copy, so it's 12 highlighted. 13 Do you see a complaint there 14 for stress urinary incontinence? 15 MR. SLATER: A complaint? 16 BY MR. MORIARTY: 17 Q. A report of a history of 18 stress urinary incontinence? 19 MR. SLATER: Object to the 20 form. The foundation is 21 inaccurate. 22 MR. MORIARTY: Okay. 24 "diagnoses," Counsel. It doesn't						
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4 MR. MORIARTY: I do. I'm 5 just asking if you have yours. 6 MR. SLATER: We don't have 7 it here. 7 BY MR. MORIARTY: 9 Q. Doctor, I'm showing you what 10 is a February 19, 2009, Dr. Rohrer office 11 note. And it's my copy, so it's 11 highlighted. 12 by our see a complaint there 13 Do you see a complaint there 14 for stress urinary incontinence? 15 MR. SLATER: A complaint? 16 BY MR. MORIARTY: 17 Q. A report of a history of 18 stress urinary incontinence? 19 MR. SLATER: Object to the 10 form. The foundation is 11 inaccurate. 12 MR. MORIARTY: Okay. 13 MR. SLATER: It says 14 diagnoses," Counsel. It doesn't 15 Say complaint, and it doesn't say 15 history. 16 Stress urinary incontinence? 17 Say complaint, and it doesn't say 18 MR. MORIARTY: That's fine. 19 MR. SLATER: It says 20 MR. MORIARTY: That's fine. 30 MR. MORIARTY: That's fine. 4 BY MR. MORIARTY: That's fine. 4 BY MR. MORIARTY: That's fine. 5 Q. Did Dr. Rohrer diagnose 6 stress urinary incontinence? 7 A. Stress incontinence is 10 listed doesn't say 11 A. Yes. 12 Q. Could you look at that and tell me? 12 that? 13 A. Not necessarily. 14 Q. Okay. Well, why don't you 15 look at the record and see if there's a physical exam finding where he reproduced that, would the patient have had to have complained of symptoms consistent with that? 19 You don't remember seeing — you don't re		said you had all the records you			•	
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24 of her Prolift procedure, correct?	22	up to three or four questions.			•	
į l	22 23	up to three or four questions. I object. It's argumentive.		23	stress urinary incontinence as a result	

		Page 46			Page 48
1	<ul> <li>A. She does not have stress</li> </ul>		1	it clear in the prelude to my question	
2	incontinence symptoms as of Dr. Zipper's		2	that I'm not asking you about 2012, what	
3	report.		3	complaints she made then prior to her	
4	Q. Okay. So does that mean		4	interventions. I'm asking about now.	
5	that you're not going to be rendering		5	Okay.	
6	opinions at the time of trial about		6	A. Okay. So could you rephrase	
7	whether she's got stress urinary		7	the question again, please.	
8	incontinence as a result of her Prolift		8		
				Q. Based on what you know now,	
9	procedure?		9	you're not going to render opinions at	
10	A. I don't think I can answer		10	the time of trial that she currently has	
11	that question the way you're asking it.		11	stress urinary incontinence as a result	
12	She's had interventions		12	of her Prolift; is that correct?	
13	since her Prolift surgery.		13	A. She does not currently have	
14	Q. Yes.		14	stress urinary incontinence.	
15	A. So I just I don't think I		15	Q. At all, right?	
16	can answer your question the way it's		16	A. She does not currently have	
17	stated.		17	stress urinary incontinence.	
18			18	•	
	Q. Okay. So what I'm trying to			• , , , ,	
19	find out is about her current complaints,		19	it is that you stopped practicing	
20	not a complaint as you know them.		20	medicine. I know it was in 2005 or 2006.	
21	Okay. I understand that you haven't seen		21	But can you tell me specifically when	
22	her and Dr. Zipper hasn't seen her in a		22	that was?	
23	month or two. I'm not asking about what		23	<ul> <li>A. I believe that was in</li> </ul>	
24	complaints she may have made in 2012.		24	May 2006.	
		Page 47			Page 49
1	Okay. I'm asking, to the best of your	Page 47	1	O. Prior to May of 2006, was	Page 49
1 2	Okay. I'm asking, to the best of your understanding today, she's not	Page 47		Q. Prior to May of 2006, was there a period of time when you were not	Page 49
2	understanding today, she's not	Page 47	2	there a period of time when you were not	Page 49
2	understanding today, she's not complaining of stress urinary	Page 47	2 3	there a period of time when you were not practicing but had not retired or	Page 49
2 3 4	understanding today, she's not complaining of stress urinary incontinence. Is that true?	Page 47	2 3 4	there a period of time when you were not practicing but had not retired or resigned your license?	Page 49
2 3 4 5	understanding today, she's not complaining of stress urinary incontinence. Is that true?  A. True.	Page 47	2 3 4 5	there a period of time when you were not practicing but had not retired or resigned your license?  A. No.	Page 49
2 3 4 5 6	understanding today, she's not complaining of stress urinary incontinence. Is that true?  A. True. Q. All right. So you're not	Page 47	2 3 4 5 6	there a period of time when you were not practicing but had not retired or resigned your license?  A. No. Q. Okay. So you were	Page 49
2 3 4 5	understanding today, she's not complaining of stress urinary incontinence. Is that true?  A. True. Q. All right. So you're not going to be rendering any opinions at the	Page 47	2 3 4 5	there a period of time when you were not practicing but had not retired or resigned your license?  A. No. Q. Okay. So you were practicing up until May of 2006, correct?	Page 49
2 3 4 5 6 7 8	understanding today, she's not complaining of stress urinary incontinence. Is that true?  A. True. Q. All right. So you're not going to be rendering any opinions at the time of trial that she has stress urinary	Page 47	2 3 4 5 6 7 8	there a period of time when you were not practicing but had not retired or resigned your license?  A. No. Q. Okay. So you were practicing up until May of 2006, correct? A. Yes.	Page 49
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		Page 50			Page 52
1	Q. Do you know how many you		1	patient who has prolapse? Or are you	
2	performed?		2	just describing a patient who's having a	
3	A. No.		3	vaginal hysterectomy?	
4	Q. Probably a lot, right?		4	Q. Just a patient who's having	
5	A. Probably.		5	a vaginal hysterectomy.	
6	•				
	Q. Okay. Do you have any		6	A. So, in general, a general	
7	criticisms of Dr. Baker for performing a		7	risk for a hysterectomy is dyspareunia.	
8	hysterectomy in May of 2009 on		8	Q. All right. And from your	
9	Mrs. Hammons? I don't want to talk about		9	experience and your review of the	
10	technique. I just want to talk about the		10	literature, what was the de novo	
11	decision to perform a hysterectomy. Was		11	dyspareunia rate following vaginal	
12	it indicated in 2009?		12	hysterectomy, either now or in 2009?	
13	A. Based on Dr. Baker's		13	A. That's a number that's very	
14	surgical judgment, it was indicated.		14	hard to pin down because of the different	
15	Q. Even okay. Assuming		15	definitions that are used, and many women	
16	Dr. Baker performed just a hysterectomy		16	have concomitant operations, so it's very	
17	with no pelvic organ prolapse procedure		17	difficult to parse what may be due	
18					
	at all in 2009, was Mrs. Hammons at risk		18	strictly to the hysterectomy.	
19	for dyspareunia?		19	So it's very hard to put an	
20	A. Speaking in general,		20	absolute number on that rate.	
21	dyspareunia is a possible risk factor		21	Q. How about a range?	
22	related to hysterectomy. If you're		22	MR. SLATER: Objection.	
23	talking specifically about Mrs. Hammons,		23	THE WITNESS: A range has	
24	that's a different situation.		24	the same problem.	
١.,	0 0	Page 51		DV MD MODIADTV	Page 53
1	Q. Okay. Tell me why		1	BY MR. MORIARTY:	
2	Mrs. Hammons is a different situation.		2	Q. Okay. Do you know the high	
3	<ul> <li>A. Because the patient you're</li> </ul>		3	end of the range?	
4	describing is not Mrs. Hammons.		4	MR. SLATER: Objection.	
5	Mrs. Hammons did not just have a		5	THE WITNESS: That's the	
6	hysterectomy, if I understood your		6	same question. If you ask me for	
7	question correctly.		7	a range, and I replied that has	
8	Q. Okay. Well, you understand		8	the same problems, then the high	
9	my question is a hypothetical?		9	end of the range has the same	
10	MR. SLATER: I don't		10	problem also.	
11	understand.		11	BY MR. MORIARTY:	
I T T					
12	THE WITNESS: Well, it's		12	Q. Okay. My question is just	
12 13	THE WITNESS: Well, it's either hypothetical or		12 13	Q. Okay. My question is just from your own personal experience as a	
12 13 14	THE WITNESS: Well, it's either hypothetical or Mrs. Hammons. It can't be both.		12 13 14	Q. Okay. My question is just from your own personal experience as a surgeon who used to perform	
12 13 14 15	THE WITNESS: Well, it's either hypothetical or Mrs. Hammons. It can't be both. BY MR. MORIARTY:		12 13 14 15	Q. Okay. My question is just from your own personal experience as a surgeon who used to perform hysterectomies and from your review of	
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		Page 54			Page 56
1	to answer your question.		1	breakdown.	
2	In my personal surgical		2	BY MR. MORIARTY:	
3	experience, I don't recall a		3	Q. Okay. Can it be chronic?	
4	patient who had dyspareunia after		4	A. From hysterectomy alone?	
5	a hysterectomy alone.		5	Q. Yes.	
6	BY MR. MORIARTY:		6	A. In general?	
7	Q. Okay. Now, if a patient who		7	Q. Yes.	
8	has a vaginal hysterectomy is going to		8	A. Uncommonly so, yes.	
9	develop dyspareunia, is one of the		9	Q. Okay. Let's talk about the	
10	potential factors shortening of the		10	options that Dr. Baker had to address	
11	vagina as a result of the trimming that		11	Mrs. Hammons' pelvic organ prolapse in	
12	is done as part of the surgery?		12	May of 2009. Okay?	
13	MR. SLATER: Objection.		13	A. Okay.	
14	THE WITNESS: Trimming is		14	Q. Now, I assume that he could	
15	not typically done at the time of		15	have taken a watchful waiting perspective	
16	hysterectomy.		16	and not treated her at all, correct?	
	, ,		17		
17	BY MR. MORIARTY:			MR. SLATER: Objection to	
18	Q. Okay. Is foreshortened		18	the form.	
19	vagina following hysterectomy a potential		19	THE WITNESS: That's	
20	cause for dyspareunia?		20	possible.	
21	MR. SLATER: Objection.		21	BY MR. MORIARTY:	
22	THE WITNESS: In general,		22	Q. Okay. If he had chosen that	
23	yes.		23	course, what was the likely natural	
24	BY MR. MORIARTY:		24	course of her pelvic organ prolapse?	
		Page 55			Page 57
		. 490 00			
1 1	O. Okay. Is it true that prior		1	MR. SLATER: Objection to	
1 2	Q. Okay. Is it true that prior to the procedures Dr. Baker performed in		1	MR. SLATER: Objection to the form	
2	to the procedures Dr. Baker performed in		2	the form.	
2 3	to the procedures Dr. Baker performed in 2009, neither he nor Dr. Rohrer nor, to		2	the form. You can answer.	J
2 3 4	to the procedures Dr. Baker performed in 2009, neither he nor Dr. Rohrer nor, to the best of our knowledge, anyone else		2 3 4	the form. You can answer. THE WITNESS: Yeah, that	j
2 3 4 5	to the procedures Dr. Baker performed in 2009, neither he nor Dr. Rohrer nor, to the best of our knowledge, anyone else measured the length of her vagina?		2 3 4 5	the form. You can answer. THE WITNESS: Yeah, that varies very widely. In some	-
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	•	Page 58			Page 60
1	Q. Okay. So let me make sure I		1	emergency room record. I just I know	
2	understand what you just said.		2	the things that you pointed out to me.	
3	If all we have in points of		3	Do you want me to read this	
4	time are this February of 2007 emergency		4	emergency room record to be able to	
5	room record and then whatever Dr. Rohrer		5	answer that question?	
6	noted in 2008 up to 2009, that isn't		6	Q. No. All we know is that she	
7	enough information for you to render an		7	had one in February of 2007 and	
8			8		
	opinion about what I just asked you,			apparently wasn't using one when she	
9	natural course? Is that what you're		9	reported to Dr. Rohrer in 2008 or to	
10	telling me?		10	Dr. Baker in 2009. Okay. Just those	
11	MR. SLATER: Objection.		11	facts.	
12	You can answer.		12	Is it unlikely that she	
13	THE WITNESS: To my		13	would have accepted pessary as a	
14	understanding, there's no I		14	treatment for her pelvic organ prolapse	- 1
15	didn't look specifically for an		15	in 2009?	
16	assessment of the extent of her		16	MR. SLATER: Objection. You	- 1
17	prolapse in her emergency room		17	can answer.	
18	record.		18	THE WITNESS: I don't know.	- 1
19	My understanding from		19	That's speculation.	- 1
20	Dr. Rohrer's records was that he		20	BY MR. MORIARTY:	
21	did not perform an examination		21	Q. What other nonsurgical	- 1
22	that would identify the level or		22	treatments would have been likely to have	- 1
23	degree of prolapse that she had.		23	been available, acceptable options for	- 1
24	So even though she was		24	Dr. Baker to offer Mrs. Hammons in May of	- 1
47	30 even though she was		27	Dr. Daker to offer 1913. Harrimons in 19lay of	- 1
		Page 50			Page 61
1	accessed at those points in time	Page 59	1	20092	Page 61
1	assessed at those points in time,	Page 59	1	2009?	Page 61
2	I don't have any extra information	Page 59	2	A. In addition to the pessary,	Page 61
2	I don't have any extra information about the level of her prolapse in	Page 59	2 3	A. In addition to the pessary, you mean?	Page 61
2 3 4	I don't have any extra information about the level of her prolapse in 2007 or 2008 that would help me	Page 59	2 3 4	A. In addition to the pessary, you mean? Q. Yep.	Page 61
2 3 4 5	I don't have any extra information about the level of her prolapse in 2007 or 2008 that would help me predict what might happen to her	Page 59	2 3 4 5	A. In addition to the pessary, you mean? Q. Yep. A. It depends on her symptoms.	Page 61
2 3 4 5 6	I don't have any extra information about the level of her prolapse in 2007 or 2008 that would help me predict what might happen to her after Dr. Baker sees her in 2009.	Page 59	2 3 4 5 6	<ul> <li>A. In addition to the pessary,</li> <li>you mean?</li> <li>Q. Yep.</li> <li>A. It depends on her symptoms.</li> <li>Q. Do you have enough</li> </ul>	Page 61
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THE WITNESS: I'm sorry.  Could you repeat the last part of the sentence?  BY MR. MORIARTY:  Q. Is it unlikely that a pessary was a viable option for her in 2009?  A. No. It was not unlikely.  Q. Was it unlikely to be accepted as an option in 2009?  If MR. SLATER: Objection to the form of the question.  The interaction between the doctor and her pagies for the sand her goals drive treatment decisions. And I don't have that information.  BY MR. MORIARTY:  The WITNESS: I don't know.  The interaction between the doctor and her goals drive treatment decisions. And I don't have that information.  MR. SLATER: Objection to the patient in May of zoope using a pessary and she wanted to remain sexually active, is it unlikely.  A. No, it is not unlikely.  Q. Okay.  A. It is not — I'm sorry. Now  T'm confused by the double negatives.  No, I'm — could you repeat the question.  No, I'm — could you repeats the duestion.  No, I'm — could you repeat the question.  No, I'm — could you repeat the question.  No, I'm of your own practice, I assume you would do severence counseling a patients about pessaries. Is that true?  A. Yes.  Q. Okay. And in patients who had a Stage IV prolapse of any type and warned to remain sexually active and had all aiready tried and stopped pessary use once, did your patients the do accept 20 pessaries on a second try?  A. Twould certainly be some the doctor and uterine prolapse. So her anterior prolapse so her anterior prolapse so her anterior prolapse. So her anterior prolapse in 2009?  A. It is not — I'm sorry. Now  T'm confused by the double negatives.  No, I'm — could you repeat the question.  Page 65  A. It is not — I'm sorry. Now  A. It is not — I'm sorry. Now  T'm confused by the double negatives.  No, I'm — could you repeats the question.  Page 65  A. Well, she had an anterior  Page 65  BY MR. MORIARTY:  A. Yes.  BY MR. MORIARTY:  A. Well, she had an anterior  Prolapse, techniques that can be performed vaginally include a uterosacral in unwhere to a compilish that.  A. No, it is not unlikely.  Q					
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THE WITNESS: I don't know. The interaction between the doctor and the patient and her symptoms and the patient and her symptoms and the goals drive treatment decisions. And I don't have that information.  By MR. MORIARTY:  Q. Okay. If she had a Grade 4 cystocele as Dr. Baker writes in his notes, and she had already tried and stopped using a pessary and she wanted to remain sexually active, is it unlikely  The interaction between the doctor and the patient in May of 2009?  A. Based on the discussion that her had with her, all of which is not recorded in the recorded, I would make the assumption that, yes, he and she jointly determined that it was reasonable.  Q. Okay. If she had a Grade 4 cystocele as Dr. Baker writes in his notes, and she had already tried and stopped using a pessary and she wanted to remain sexually active, is it unlikely  The interaction between the doctor and here are a neceptable option to the patient in May of 2009?  A. No, it is not unlikely.  Q. Okay.  A. It is not I'm sorry. Now A. It is not I'm sorry. Now C. Okay. A. It is not I'm sorry. Now A. It is not I'm sorry. Now C. Okay. And they were what? A. Yes. BY MR. MORIARTY: BY MR. SLATER: Objection. Foundation.  The WITNESS: At least three. BY MR. MORIARTY: A. Well, she had an anterior and uterine prolapse. So her anterior prolapse could be addressed by an anterior vaginal repair, and there are a number of techniques to accomplish that. Addressing her uterine prolapse, techniques to accomplish that. Addressing her uterine a	11	MR. SLATER: Objection to	11	BY MR. MORIARTY:	- 1
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		Page 66			Page 68
1	time.		1	decisionmaking process? I mean, I know	
2	Q. Okay. And something like		2	you wrote this in 2012. But at that	
3	Gynemesh PS was also an option at that		3	point, you were talking generally?	
4	time, transvaginally, correct?		4	A. In general, yes.	
5	A. The Gynemesh PS alone could		5	Q. Of the options that you	
6	have been used to address her anterior		6	mentioned for the uterine prolapse and	
7			7		
	Prolift prolapse. Excuse me.			the anterior prolapse, just the native	
8	Q. Did as a surgeon, would		8	tissue repairs, many of those had been in	
9	it make sense to do a vaginal		9	use for many years before 2009; is that	
10	hysterectomy but an abdominal		10	correct?	
11	sacrocolpopexy?		11	A. Yes.	
12	A. No.		12	Q. And of all the options that	
13	Q. Okay. So if you were going		13	you mentioned to me I'm sorry. Let me	
14	to do an abdominal sacrocolpopexy, you'd		14	take a step back.	
15	probably do an abdominal hysterectomy?		15	What are the three native	
16	A. If a hysterectomy was part		16	tissue repairs that would have been	
17	of the procedure, yes, it would be done		17	available to Dr. Baker? I assume	
18	abdominally.		18	anterior colporrhaphy?	
19	Q. Okay. All right. So if I		19	A. Yes.	
20	understood you correctly, to address the		20	Q. What else?	
21	uterine prolapse, there were at least		21	A. Paravaginal repair and a	
22	• • •		22	- ·	
	three options, and you named them,			site-specific fascial defect repair.	
23	correct?		23	Q. Okay. So of the six native	
24	A. Yes.		24	tissue techniques that you've mentioned,	- 1
		Page 67			Page 69
1	Q. And then to address the	Page 67	1	how many of those had been the subject of	-
2	anterior prolapse, you said that there	Page 67	2	evidence-based controlled trials by 2009?	-
2	anterior prolapse, you said that there were a number of different vaginal repair	Page 67	2	•	-
2 3 4	anterior prolapse, you said that there were a number of different vaginal repair techniques. Without naming them, how	Page 67	2 3 4	evidence-based controlled trials by 2009?	-
2	anterior prolapse, you said that there were a number of different vaginal repair	Page 67	2	evidence-based controlled trials by 2009?  MR. SLATER: What is the	-
2 3 4	anterior prolapse, you said that there were a number of different vaginal repair techniques. Without naming them, how	Page 67	2 3 4	evidence-based controlled trials by 2009?  MR. SLATER: What is the question?	-
2 3 4 5	anterior prolapse, you said that there were a number of different vaginal repair techniques. Without naming them, how many do you think there are?  A. Three.	Page 67	2 3 4 5	evidence-based controlled trials by 2009?  MR. SLATER: What is the question?  THE WITNESS: Clarify  MR. MORIARTY: Could	-
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		Page 70			Page 72
1	art?		1	include a trial comparing	
2	A. Sir, I'm just trying to		2	colporrhaphy to a use of mesh?	
3	understand your question so I can answer		3	MR. MORIARTY: Sure. As	
	· · · · · · · · · · · · · · · · · · ·				
4	it appropriately. I know what it means		4	long as it was reported before May	
5	to me. I'm I'm asking what it means		5	of 2009.	
6	to you so I can be sure to answer		6	THE WITNESS: To the best of	
7	responsively.		7	my remembering at the moment, two.	
8	Q. I want I want you to		8	BY MR. MORIARTY:	
9	answer as it means to you. As controlled		9	Q. Okay. And just so we're	
10	trials means to you.		10	clear for the record, by May of 2009,	
11	A. Okay. Were any of the		11	Prolift had been the 510(k) had been	
12	procedures I'm sorry. Now you're		12	cleared by the FDA, correct?	
13	going to have to start again with the		13	A. Yes.	
14	beginning of the question.		14	Q. Okay. Do you are you	
15			15		
	, , ,			going to express any opinions about	
16	out and I will try to make this go		16	whether the best surgical course for	
17	faster.		17	Mrs. Hammons in May of 2009 was vaginal	
18	I've seen writings in the		18	hysterectomy plus a native tissue	
19	peer-reviewed literature, including		19	prolapse procedure, or is it your opinion	
20	things you've written that talk about the		20	that he should have done abdominal	
21	lack of clinical trials on some of these		21	sacrocolpopexy to address her prolapse?	
22	procedures, even many of the old ones		22	A. I'm sorry. Could you repeat	
23	that have been around for years and years		23	the question?	
24	and years. Okay?		24	Q. Sure. Just so we don't go	
	•			-	
		Page 71			Page 73
1	A. Okay.	Page 71	1	off on a complete tangent talking about	Page 73
1 2	A. Okay. O. So what I'm trying	Page 71		off on a complete tangent talking about abdominal sacrocolpopexy. Okay.	Page 73
2	Q. So what I'm trying	Page 71	2	abdominal sacrocolpopexy. Okay.	Page 73
2	Q. So what I'm trying MR. SLATER: Objection to	Page 71	2	abdominal sacrocolpopexy. Okay. Although it was an option available to	Page 73
2 3 4	Q. So what I'm trying MR. SLATER: Objection to the characterization.	Page 71	2 3 4	abdominal sacrocolpopexy. Okay. Although it was an option available to Dr. Baker in 2009, because of the uterine	Page 73
2 3 4 5	Q. So what I'm trying MR. SLATER: Objection to the characterization. BY MR. MORIARTY:	Page 71	2 3 4 5	abdominal sacrocolpopexy. Okay. Although it was an option available to Dr. Baker in 2009, because of the uterine prolapse and assuming he was going to do	Page 73
2 3 4 5 6	Q. So what I'm trying MR. SLATER: Objection to the characterization. BY MR. MORIARTY: Q. So what I'm trying to find	Page 71	2 3 4 5 6	abdominal sacrocolpopexy. Okay. Although it was an option available to Dr. Baker in 2009, because of the uterine prolapse and assuming he was going to do a hysterectomy, is it your opinion that	Page 73
2 3 4 5 6 7	Q. So what I'm trying MR. SLATER: Objection to the characterization. BY MR. MORIARTY: Q. So what I'm trying to find out is, of the options available to	Page 71	2 3 4 5 6 7	abdominal sacrocolpopexy. Okay.  Although it was an option available to Dr. Baker in 2009, because of the uterine prolapse and assuming he was going to do a hysterectomy, is it your opinion that the issue in this case and the surgical	Page 73
2 3 4 5 6 7 8	Q. So what I'm trying MR. SLATER: Objection to the characterization. BY MR. MORIARTY: Q. So what I'm trying to find out is, of the options available to Dr. Baker, putting aside mesh for right	Page 71	2 3 4 5 6 7 8	abdominal sacrocolpopexy. Okay.  Although it was an option available to Dr. Baker in 2009, because of the uterine prolapse and assuming he was going to do a hysterectomy, is it your opinion that the issue in this case and the surgical decision we should be talking about in	Page 73
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I I DI MILITANTI.	3
2 Q. Okay. Is it your opinion 2 Q. Okay. In 2009, was it still	
3 that Dr. Baker was qualified to treat 3 controversial about whether the abdominal	
4 Mrs. Hammons for the problems that she 4 or vaginal route was more effective or	
5 had in March and May of 2009? 5 durable	
6 A. I'm sorry. I'm struggling. 6 MR. SLATER: Objection.	
7 Are you trying to are you asking me to 7 BY MR. MORIARTY:	
8 judge his quality as a surgeon? 8 Q when compared with the	
9 Q. I'm not asking you to. I'm 9 abdominal approach?	
10 just asking whether you have an opinion. 10 MR. SLATER: Objection.	
11 Are you going to express an opinion in 11 These questions are all vague,	
12 this case that Dr. Baker was not 12 ambiguous, and lack foundation,	
13 qualified to treat this patient and he 13 this entire line.	
14 should have referred her in the first 14 THE WITNESS: Yeah, I'm not	
15 instance in March or May of 2009? 15 clear if you're comparing a	
TTO INSTANCE IN MARCH OF MAY OF 2005: TTO CHECK IT YOU'RE COMPANING A	
16 MR. SLATER: Objection. 16 vaginal vault suspension procedure	
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16 MR. SLATER: Objection. 17 It's not an opinion that's been 18 drawn. 19 Objection. Foundation. 20 THE WITNESS: I don't think  16 vaginal vault suspension procedure 17 with abdominal sacrocolpopexy. 18 Is that is that your 19 question? 20 BY MR. MORIARTY:	
16 MR. SLATER: Objection. 17 It's not an opinion that's been 18 drawn. 19 Objection. Foundation. 20 THE WITNESS: I don't think 21 I have enough information to judge  16 vaginal vault suspension procedure 17 with abdominal sacrocolpopexy. 18 Is that is that your 19 question? 20 BY MR. MORIARTY: 21 Q. Any of the transvaginal	
16 MR. SLATER: Objection. 17 It's not an opinion that's been 18 drawn. 19 Objection. Foundation. 20 THE WITNESS: I don't think 21 I have enough information to judge 22 Dr. Baker's qualifications, if I'm  16 vaginal vault suspension procedure 17 with abdominal sacrocolpopexy. 18 Is that is that your 19 question? 20 BY MR. MORIARTY: 21 Q. Any of the transvaginal 22 approaches. Again, not mesh.	
16 MR. SLATER: Objection. 17 It's not an opinion that's been 18 drawn. 19 Objection. Foundation. 20 THE WITNESS: I don't think 21 I have enough information to judge  16 vaginal vault suspension procedure 17 with abdominal sacrocolpopexy. 18 Is that is that your 19 question? 20 BY MR. MORIARTY: 21 Q. Any of the transvaginal	

					1
		Page 78			Page 80
1	lacks foundation, and multiple		1	Q. Either. He's going to	
2	parts to that.		2	repair them both, theoretically, right?	
3	THE WITNESS: I'm sorry.		3	A. An anterior colporrhaphy and	
4	Okay. So any of the vaginal		4	abdominal sacrocolpopexy are not	
5	operations for uterine or apical		5	comparable. They have totally different	
6	suspension?		6	indications.	
7	BY MR. MORIARTY:		7	Q. Okay. If Dr well, let's	
8	Q. Okay. Let me let me just		8	just deal with the apical. Is the apical	
9	make sure you understand the context in		9	prolapse the uterine prolapse?	
10	which I'm asking this.		10	A. Those terms are	
11	Dr. Baker had several		11		
				interchangeably used, yes.	
12	surgical options available to him,		12	Q. And at the time of surgery,	
13	correct?		13	would you have expected Dr. Baker to	
14	A. Yes.		14	address the apex of the vagina because of	
15	Q. Or he could have referred		15	the apical prolapse?	
16	the patient if he didn't feel comfortable		16	A. Yes.	
17	doing what he thought was the most		17	Q. All right. In other words,	
18	appropriate, correct?		18	when Dr. Baker removed the uterus, that	- 1
19	A. Yes.		19	isn't necessarily going to take care of	
20	Q. Okay. So if he was just		20	the apical prolapse; is that correct?	- 1
21	comparing abdominal approaches with		21	<ul> <li>A. Correct. It does not.</li> </ul>	
22	transvaginal approaches, in 2009, was		22	(Document marked for	- 1
23	there still controversy about which		23	identification as Exhibit	
24	approach to the surgery was had better		24	Weber-6.)	- 1
	- /			•	
		Page 79			Page 81
1	efficacy or durability?	Page 79	1	BY MR. MORIARTY:	Page 81
1 2	efficacy or durability?  A. I can't answer that without	Page 79			Page 81
2	A. I can't answer that without	Page 79	2	Q. I've handed you Exhibit 6.	Page 81
2	A. I can't answer that without knowing exactly what procedures you're	Page 79	2	Q. I've handed you Exhibit 6. Is this Dr. Baker's May 5, 2009,	Page 81
2 3 4	A. I can't answer that without knowing exactly what procedures you're referring to.	Page 79	2 3 4	Q. I've handed you Exhibit 6. Is this Dr. Baker's May 5, 2009, operative report?	Page 81
2 3 4 5	A. I can't answer that without knowing exactly what procedures you're referring to.  Q. Okay. Let's just take	Page 79	2 3 4 5	Q. I've handed you Exhibit 6. Is this Dr. Baker's May 5, 2009, operative report? A. Yes.	Page 81
2 3 4 5 6	A. I can't answer that without knowing exactly what procedures you're referring to. Q. Okay. Let's just take anterior colporrhaphy versus an abdominal	Page 79	2 3 4 5 6	Q. I've handed you Exhibit 6. Is this Dr. Baker's May 5, 2009, operative report? A. Yes. Q. Does he describe a repair of	Page 81
2 3 4 5 6 7	A. I can't answer that without knowing exactly what procedures you're referring to. Q. Okay. Let's just take anterior colporrhaphy versus an abdominal approach.	Page 79	2 3 4 5 6 7	Q. I've handed you Exhibit 6. Is this Dr. Baker's May 5, 2009, operative report? A. Yes. Q. Does he describe a repair of the apex or a suspension of the apex?	Page 81
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		Page 82			Page 84
1	Dr. Heit, yes.		1	higher, but to give you a number, to say	
2	Q. Okay. But not by the time		2	X versus Y, the literature just does not	
3	she saw Dr. Lackey in the fall of 2009?		3	support that.	
4	A. Can I refer to his notes? I		4	Q. Can you quantify how much	
				, , ,	
5	know he diagnosed her with a rectocele.		5	higher the risk is with Prolift than it	
6	Q. Yes. You're welcome to		6	is with any of the other any of the	
7	review his notes or your report regarding		7	three native tissue procedures that we	
8	his notes.		8	were talking about?	
9	A. Right. So Dr. Lackey		9	<ul> <li>A. Well, the distinction not</li> </ul>	
10	described a Grade 2 to 3 rectocele. He		10	only applies to the number, but to the	
11	did not specifically describe anything		11	nature of the condition, such that when a	
12	related to the apex.		12	woman experiences dyspareunia after a	
13	Q. Okay. So if Dr. Baker had		13	native tissue repair, it's treatable, the	
14	chosen to perform vaginal hysterectomy		14	scar softens, it sometimes goes away by	- 1
15	plus anterior colporrhaphy, what was the		15	itself, versus the dyspareunia that	
16	risk of dyspareunia from that combination		16	occurs after Prolift, which is related to	
17	procedure?		17	factors like mesh contraction, vaginal	- 1
18	MR. SLATER: Objection.		18	anatomic distortion, that Ethicon has all	
19	Ambiguous, compound, lacks		19	over their documents that are difficult,	
20	foundation.		20	if not impossible, to treat.	
21	THE WITNESS: We discussed		21	So you have two totally	- 1
22	this earlier, I think, as to		22	different mechanisms of dyspareunia	
23	what's reported in the literature		23	affecting native tissue repairs versus	
24	as far as being able to pin that		24	Prolift mesh.	- 1
	3 · · · · · · · · · · · · · · · · · · ·				
		Page 83			Page 85
1	down to a number. And for all the	Page 83	1	O. Okav. And I understand	Page 85
1 2	down to a number. And for all the same reasons that I described	Page 83		Q. Okay. And I understand that's your opinion. But what I want to	Page 85
2	same reasons that I described	Page 83	2	that's your opinion. But what I want to	Page 85
2	same reasons that I described before, it's not possible.	Page 83	2	that's your opinion. But what I want to stick with right now is the specific	Page 85
2 3 4	same reasons that I described before, it's not possible. BY MR. MORIARTY:	Page 83	2 3 4	that's your opinion. But what I want to stick with right now is the specific question of whether you can quantify how	Page 85
2 3 4 5	same reasons that I described before, it's not possible. BY MR. MORIARTY: Q. Okay. What about is it	Page 83	2 3 4 5	that's your opinion. But what I want to stick with right now is the specific question of whether you can quantify how much higher the risk is with vaginal	Page 85
2 3 4 5 6	same reasons that I described before, it's not possible. BY MR. MORIARTY: Q. Okay. What about is it any more possible to pin that down with	Page 83	2 3 4 5 6	that's your opinion. But what I want to stick with right now is the specific question of whether you can quantify how much higher the risk is with vaginal hysterectomy plus Prolift as opposed to	
2 3 4 5 6 7	same reasons that I described before, it's not possible. BY MR. MORIARTY: Q. Okay. What about is it any more possible to pin that down with vaginal hysterectomy plus paravaginal	Page 83	2 3 4 5 6 7	that's your opinion. But what I want to stick with right now is the specific question of whether you can quantify how much higher the risk is with vaginal hysterectomy plus Prolift as opposed to vaginal hysterectomy plus ACPVR or SSFDR	
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			Ī		1
		Page 90			Page 92
1	mesh that was a safe alternative in your		1	Q. And on the let's go to	
2	opinion.		2	the last two pages. Under the female	
3	A. Alternative to what?		3	exam, he has Grade 4 cystocele. Do you	
4	Q. Prolift.		4	see that?	
5	A. Yes.		5	A. Yes.	
6	Q. And that would be what?		6	Q. And then cervix, it just	
7	<ul> <li>A. An abdominal sacrocolpopexy.</li> </ul>		7	says prolapse without the S or without	
8	Q. Okay. And to do that		8	the E I'm sorry correct?	
9	procedure involving mesh, you're using		9	A. Yes.	
10	something like Gynemesh PS		10		
	,				
11	MR. SLATER: Objection.		11	have a POP-Q score in here, but do you	
12	BY MR. MORIARTY:		12	have any reason to disagree that she had	
13	Q or similar? In other		13	a Grade 4 cystocele at the time of this	
14	words, a sheet of mesh, not a mesh kit,		14	exam?	
15	correct?		15	A. Yes.	
16	A. Correct.		16	Q. And what what, in your	
17			17	opinion, was her degree of cystocele as	
	, , ,				
18	as a surgeon, did you do abdominal		18	of March of 2009?	
19	sacrocolpopexies?		19	A. Based on her deposition	
20	A. Yes.		20	testimony, I would say possibly Stage II	
21	Q. Did you use mesh in any of		21	or early Stage III, using the POP-Q	
22	those procedures?		22	system.	
23	A. Yes.		23	Q. And is the basis for that	
24	Q. Okay. In the beginning of		24	opinion solely Mrs. Hammons' deposition?	
	Q. Shay. In the beginning of			opinion selely i noi manimens deposition.	
		Page 91			Page 93
1	the CARE study, were you one of the	Page 91	1	A. Yes.	Page 93
1 2	the CARE study, were you one of the operating surgeons, or were you a	Page 91			Page 93
2	operating surgeons, or were you a	Page 91	2	Q. Okay. And whether it was a	Page 93
2	operating surgeons, or were you a consultant to the design of the trial?	Page 91	2	Q. Okay. And whether it was a Grade 4 or a Grade 2 to 3, does that make	Page 93
2 3 4	operating surgeons, or were you a consultant to the design of the trial?  A. I was the program director	Page 91	2 3 4	Q. Okay. And whether it was a Grade 4 or a Grade 2 to 3, does that make any difference in your opinion for	Page 93
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2 3 4 5 6	operating surgeons, or were you a consultant to the design of the trial?  A. I was the program director of the Pelvic Floor Disorders Network. I was not an investigator providing care at	Page 91	2 3 4 5 6	Q. Okay. And whether it was a Grade 4 or a Grade 2 to 3, does that make any difference in your opinion for purposes of this case?  A. Yes.	Page 93
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Page 94 Page 96 would be different if you're dealing with 1 Q. I'm just trying to someone at a relatively low stage of understand this sequence that follows 2 2 3 from him not scoring her prolapse 3 prolapse versus someone who is truly a 4 Stage IV with vaginal eversion. 4 appropriately. Okay. I want to know the 5 Q. Okay. Are you -- is it your 5 endgame of what happens after he scores 6 opinion that, had he properly scored 6 her improperly. Okay. this, he would have treated her 7 7 Are you saying that had he 8 8 differently or she would have had a scored her properly, more likely than 9 9 not, he would have chosen an anterior different outcome? 10 A. It's possible, yes. Early 10 colporrhaphy, for example? stage -- she has relatively early A. I can't say what -- his 11 11 12 12 decisionmaking regarding the treatment prolapse. options based on his understanding of 13 O. Okay. Do you have an 13 what stage of prolapse she had. That's 14 opinion, to a reasonable degree of 14 medical probability, as to how the 15 15 speculation. outcome would have been different in this 16 16 Q. Okay. Are you saying, to a case had he scored this as a 2 to 3 probability, that had he properly scored 17 17 18 cystocele? 18 her as a two to three, he is likely to 19 A. Well, if he had been trained 19 have used Prolift? 20 appropriately by Ethicon in their own 20 A. I can't answer for his 21 marketing and -- marketing of the Prolift 21 medical judgment in deciding at what device, that it was intended to be used level in his mind Prolift was indicated. 22 22 23 for women with advanced prolapse, and if 23 Okay. So I'm trying to 24 he in his mind decided that his version 24 figure out what your opinion is, to a Page 95 Page 97 of Grade 4 cystocele meant advanced 1 probability, what the difference in 1 2 prolapse, then he would choose Prolift as 2 outcome is because of this scoring 3 3 an option that would be appropriate for discrepancy or scoring error. 4 her as opposed to what Ethicon itself was 4 MR. SLATER: Objection to 5 saying, was that early stage prolapse was 5 the foundation for that. 6 not an appropriate -- patients with early 6 THE WITNESS: I'm not saying 7 stage prolapse were not appropriate 7 it's an error. You see, I can't 8 8 candidates for Prolift. get into Dr. Baker's mind. He 9 9 recorded a Grade 4. That's what Q. Are you done with your 10 answer? I just want to make sure I 10 he saw and recorded and in his 11 understand your answer before I ask my 11 interactions with Ms. Hammons made next question. 12 12 his decisions on. 13 A. Yes. 13 BY MR. MORIARTY: Q. When you're relying on 14 So if I understand you 14 15 correctly, more likely than not, she was 15 Mrs. Hammons' deposition, are you relying 16 a Grade 2 to 3 as opposed to a Grade 4, 16 on some visual observations she made or and had he properly scored her and 17 some feeling that she had about the 17 properly, in your opinion, operated on a degree of bulge of her cystocele and her 18 18 2 to 3, with whatever procedures applied 19 19 apical prolapse? to a 2 to 3, other than a Prolift, her A. Well, first, of course, she 20 20 21 outcome would have been different, 21 doesn't differentiate between a cystocele 22 and apical prolapse. Women experience correct? 22 23 A. I'm sorry. That was very 23 prolapse. 24 long. Can you rephrase, please? 24 Q. Okay.

1					
1		Page 98			Page 100
	<ul> <li>And to my understanding of</li> </ul>		1	Q. Well, when you say in your	
2	her deposition testimony, it was a		2	answer that you just gave that it wasn't	
3	description of what she felt that she		3	treated adequately, you're talking about	
4	described in deposition.		4	the failure to do the apical repair,	
5	Q. Okay. And what you're		5	correct?	
6	saying is what she felt, in your opinion,		6	A. Yes.	
7	is inconsistent with a Grade 4 cystocele?		7	Q. Okay. That put her at	
8	A. Yes.		8	higher risk of recurrence no matter which	- 1
9	Q. Okay. Had Dr. Baker chosen		9	technique he chose, correct?	
10	anterior colporrhaphy to repair her		10	A. Yes, probably.	
11			11		
	cystocele instead of Prolift, is it			Q. Okay. Had Dr. Baker chosen	
12	likely that she would have had a		12	the combination of vaginal hysterectomy,	
13	recurrence of her cystocele by now?		13	no apical repair, but used anterior	
14	A. So here, I'm going to ask		14	colporrhaphy, is it likely that she still	
15	you to are you speaking about a		15	would have suffered a prolapse in the	
16	general patient who only has an anterior		16	posterior in other words, a	
17	cystocele, or Mrs. Hammons and her		17	rectocele in 2009 or early 2010?	
18	situation?		18	<ul><li>A. I can't answer that. That</li></ul>	
19	Q. Okay. Let me ask it again.		19	would be guessing.	
20	We know that she had a		20	Q. Okay. Are you going to	
21	vaginal hysterectomy, anterior Prolift,		21	render any opinions in this case that the	
22	and no apical repair at the time of the		22	anterior Prolift was the cause of her	
23	May 2009 procedure, correct?		23	rectocele or enterocele that were	
24	A. Correct.		24	detected in the fall of 2009?	
		Page 99			Page 101
1	Q. Okay. Had he chosen vaginal		1	A. No.	
2	hysterectomy, no apical repair, and an		2	Q. Okay. I want to get back to	
3	anterior colporrhaphy for the cystocele,				
			3	this exhibit that I think that you have	
	is it likely that by now she would have		3 4	this exhibit that I think that you have in your left hand. Is that 7, the office	
4	is it likely that by now she would have had a recurrence of her cystocele?		4	in your left hand. Is that 7, the office	
4 5	had a recurrence of her cystocele?		4 5	in your left hand. Is that 7, the office visit?	
4 5 6	had a recurrence of her cystocele?  A. I don't think it's more		4 5 6	in your left hand. Is that 7, the office visit?  A. Yes.	
4 5 6 7	had a recurrence of her cystocele?  A. I don't think it's more likely than not.		4 5 6 7	in your left hand. Is that 7, the office visit?  A. Yes. Q. On the last page under	
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		Page 106			Page 108
1	answer, because there's an		1	address the prolapse in addition to the	
2	agreement on a national level of		2	vaginal hysterectomy in 2009?	
3	what the scope of this deposition		3	A. Are we speaking in general	
4	would be.		4	terms, or are we speaking specifically?	
5	You asked me to inform you		5	Q. I'll rephrase. Had	
6	if you went beyond what you were		6	Dr. Baker chosen vaginal hysterectomy	
7	supposed to be doing. You just		7	with anterior colporrhaphy, was stress	
8	did. I've been very, very		8	urinary incontinence still a potential	
9	patient. You've asked a lot of		9	risk of that procedure?	
10	general questions. You've asked a		10	A. A small risk, yes.	
11	·		11	· •	
	lot of things that go beyond this			Q. Okay. Would the same be	
12	case. I've tried to be patient.		12	true if he had chosen vaginal	
13	This question is point blank		13	hysterectomy plus paravaginal repair?	
14	outside of the scope of our		14	A. Yes.	
15	agreement.		15	Q. And would other forms of	
16	Please go to your next		16	incontinence, such as urge incontinence,	
17	question and focus on the patient.		17	also have been potential risks, had he	
18	MR. MORIARTY: And I believe		18	chosen those procedures?	
19	that as a		19	<ul> <li>A. Those are all risks in</li> </ul>	
20	MR. SLATER: I don't want to		20	general, yes.	
21	dispute it. Please go to your		21	Q. Okay. Do you have some	
22	next question.		22	opinion that specifically gives I'm	
23	MR. MORIARTY: as a		23	sorry. Let me withdraw that.	
24	free-thinking adult and at one		24	Is it your opinion that the	
1		Page 107			Page 109
1	noint a licensed physician, she is	Page 107	1	risk of SUI following Prolift combined	Page 109
1 2	point a licensed physician, she is	Page 107	1	risk of SUI following Prolift combined	Page 109
2	entitled to make the decision	Page 107	2	with vaginal hysterectomy is higher than	Page 109
2	entitled to make the decision about	Page 107	2	with vaginal hysterectomy is higher than it would have been with anterior	Page 109
2 3 4	entitled to make the decision about MR. SLATER: She's not.	Page 107	2 3 4	with vaginal hysterectomy is higher than it would have been with anterior colporrhaphy or PVR?	Page 109
2 3 4 5	entitled to make the decision about MR. SLATER: She's not. MR. MORIARTY: whether	Page 107	2 3 4 5	with vaginal hysterectomy is higher than it would have been with anterior colporrhaphy or PVR?  A. In general. Not so we're	Page 109
2 3 4 5 6	entitled to make the decision about MR. SLATER: She's not. MR. MORIARTY: whether she answers the question or not.	Page 107	2 3 4 5 6	with vaginal hysterectomy is higher than it would have been with anterior colporrhaphy or PVR?  A. In general. Not so we're not speaking specifically of Mrs. Hammons	Page 109
2 3 4 5 6 7	entitled to make the decision about MR. SLATER: She's not. MR. MORIARTY: whether she answers the question or not. MR. SLATER: She's not.	Page 107	2 3 4 5 6 7	with vaginal hysterectomy is higher than it would have been with anterior colporrhaphy or PVR?  A. In general. Not so we're not speaking specifically of Mrs. Hammons necessarily. In general.	Page 109
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	Page 110			Page 112
1	Compound. Foundation.	1	are general questions about what	
2	THE WITNESS: I believe the	2	documents might have been	
3	literature supports any form of	3	available in the world.	
4	incontinence after a Prolift	4	I'll see what you ask, but I	
5	procedure is higher than native	5	really think this goes beyond the	- 1
6	tissue repairs.	6	deposition.	- 1
7	BY MR. MORIARTY:	7	BY MR. MORIARTY:	- 1
8	Q. But standing here today	8	Q. Doctor, I handed you what's	- 1
9	sitting here today, you can't tell me	9	been marked Exhibit is it 9?	- 1
10	which article or what that rate is?	10	A. Yes.	- 1
11	MR. SLATER: Objection	11	(Document marked for	- 1
12	THE WITNESS: No, I can't	12	identification as Exhibit	- 1
13	pull that off the top of my head.	13	Weber-9.)	- 1
14	BY MR. MORIARTY:	14	MR. SLATER: Do you have a	- 1
15	Q. Okay. I want to talk about	15	copy for me?	- 1
16	what information Dr. Baker would have had	16	MR. MORIARTY: I'm sorry. I	- 1
17	available to him.	17	don't. But I'll I can give you	
18	We've been going about an	18	this	- 1
19	hour since the last break. Are you good	19	MR. SLATER: Do you want to	
20	to keep going?	20	make a proffer as to what it is?	- 1
21	MR. SLATER: I could use a	21	MR. MORIARTY: I'm going to	- 1
22	break, actually.	22	ask her.	- 1
23	THE WITNESS: Yeah, this	23	BY MR. MORIARTY:	- 1
24	would be a good time. This is a	24	Q. Doctor, do you see the	
	Page 111			Page 113
1	Page 111 good time for a break.	1	fuchsia sticker at the bottom?	Page 113
1 2		1 2	fuchsia sticker at the bottom? A. Yes.	Page 113
	good time for a break.	_		Page 113
2	good time for a break. (Short break.)	2	A. Yes.	Page 113
2 3	good time for a break. (Short break.) BY MR. MORIARTY:	2	<ul><li>A. Yes.</li><li>Q. Okay. This was marked as</li></ul>	Page 113
2 3 4	good time for a break. (Short break.) BY MR. MORIARTY: Q. I want to ask you some	2 3 4	<ul><li>A. Yes.</li><li>Q. Okay. This was marked as</li><li>Exhibit 6 in Dr. Baker's deposition.</li></ul>	Page 113
2 3 4 5	good time for a break. (Short break.) BY MR. MORIARTY: Q. I want to ask you some questions about sources of information	2 3 4 5	A. Yes. Q. Okay. This was marked as Exhibit 6 in Dr. Baker's deposition. Okay.	Page 113
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2 3 4 5 6 7	good time for a break.  (Short break.)  BY MR. MORIARTY: Q. I want to ask you some questions about sources of information that would likely have been available to Dr. Baker at the time he talked to	2 3 4 5 6 7	A. Yes. Q. Okay. This was marked as Exhibit 6 in Dr. Baker's deposition. Okay. A. Okay. Q. All right. So, now,	Page 113
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		Page 114		Page	116
1	A. I'm sorry. I lost you in		1	want.	
2	the middle of that question.		2	Q. If the evidence is that	
3	Q. Okay. Patient brochures, to		3	Dr. Baker had this document available to	
4	the extent that a doctor had one		4	him	
5	available and to the extent that this was		5	A. That specific document?	
6	available, if it was available to		6	Q. Yeah. It was marked in his	
7	Dr. Baker, this is the kind of thing that		7	deposition, and he was asked about it.	
8	he and his patient could use as at least		8	MR. SLATER: What does that	
9	one source of information to discuss		9	prove? That's a misleading	
10	risks and complications of the procedure		10	question, deliberately misleading.	
11	that he proposed, correct?		11	You know better than that.	
12	A. Any of his patients, not		12	BY MR. MORIARTY:	
13	Mrs. Hammons in particular?		13	Q. All I want to know is if	
14	Q. Including Mrs. Hammons.		14	this was available to Dr. Baker and	
15	MR. SLATER: Objection.		15	Mrs. Hammons in May of March or May of	
16	THE WITNESS: Well, they're		16	2009, this is the kind of information	
17	•				
	different.		17	that was available to give them some	
18	MR. SLATER: Same objection		18	information about Prolift and its risks.	
19	I made before. It's a patient		19	MR. SLATER: Objection.	
20	brochure. Yes, it is.		20	BY MR. MORIARTY:	
21	BY MR. MORIARTY:		21	Q. Yes or no?	
22	Q. Okay.		22	MR. SLATER: Same series of	
23	A. Is it something that		23	objections. Your question is, if	
24	Mrs. Hammons would have seen?		24	it was available, would it have	
		Page 115		Page	117
1	Q. Well, that's something that	ruge 115	1	been available? Okay. I object	/
2	a jury will decide or a judge will decide		2	to it for all the reasons I said	
3	if this doesn't get proper foundation.		3	before.	
4	The question is, if this was available to		4	You can answer.	
5	Dr. Baker, is this in general the kind of		5	THE WITNESS: If it was	
6	information that he would have had		6	available, the kind of	
7			7	•	
	available to discuss with the patient,			information, not the exact	
8	including like Mrs. Hammons		8	information, but the kind of	
9	MR. SLATER: Objection to		9	information would be something	
10	the form of the question.		10	that Dr. Baker would have	
11	BY MR. MORIARTY:		11	available to him.	
12	Q in May of 2009?		12	(Document marked for	
13	MR. SLATER: Objection to		13	identification as Exhibit	
14	the form of the question. No		14	Weber-10.)	
15	foundation. Do you want to make a		15	BY MR. MORIARTY:	
16	proffer that it was given to him,		16	Q. Exhibit 10.	
17	which you know you can't do?		17	(Whereupon, a discussion was	
18	THE WITNESS: It's a patient		18	held off the record.)	
19	brochure. There were different		19	BY MR. MORIARTY:	
20	patient brochures available at		20	Q. Doctor, how did you become	
21	different times.		21	available how did you become aware of	
22	BY MR. MORIARTY:		22	Exhibit 10, the 2008 FDA notice?	
23	Q. I understand that.		23	MR. SLATER: Objection.	
123	Q. I dilucistana tilat.			· · · · · · · · · · · · · · · · · · ·	
24	A. I'm not clear on what you		24	Don't answer the question.	

		Page 118	_		Page 120
1	Please ask about the Hammons		1	available to Dr. Baker by virtue of his	
2	case.		2	membership in the American College of	
3	Next question.		3	Obstetrics and Gynecology, the D.O.	
4	BY MR. MORIARTY:		4	division, osteopathic?	
5	Q. Was the 2008 FDA notice		5	MR. SLATER: Objection.	
6	reasonably available to operating		6	THE WITNESS: Yes.	
7	surgeons in 2009?		7	BY MR. MORIARTY:	
8	MR. SLATER: Objection to		8	Q. Handing you Exhibit 12.	
9	the form of the question.		9	(Document marked for	
10	You can answer.		10	identification as Exhibit	
11	THE WITNESS: Yes.		11	Weber-12.)	
12	BY MR. MORIARTY:		12	BY MR. MORIARTY:	
13			13		
	Q. To the best of your			Q. Have you ever seen this	
14	knowledge, was there published		14	document before?	
15	information available about dyspareunia		15	A. Yes.	
16	rates with pelvic mesh kits by May of		16	Q. Okay. This is Dr. Lowman's	
17	2009?		17	paper entitled "Does the Prolift System	
18	MR. SLATER: Objection.		18	Cause Dyspareunia?"	
19	Don't answer the question. It's a		19	Is that the name of it?	
20	general question. It's not not		20	A. Yes.	
21	geared to this case. Please move		21	Q. Was it published in 2008?	
22	on.		22	A. Yes.	
23	(Document marked for		23	Q. Was it published in the	
24	identification as Exhibit		24	American Journal of Obstetrics &	
1					
		Page 119			Page 121
1	Weber-11.)	Page 119	1	Gynecology?	Page 121
2	Weber-11.) BY MR. MORIARTY:	Page 119	2	Gynecology? A. Yes.	Page 121
	•	Page 119			Page 121
2	BY MR. MORIARTY: Q. I'm handing you Exhibit 11.	Page 119	2	<ul><li>A. Yes.</li><li>Q. Would this information have</li></ul>	Page 121
2 3 4	BY MR. MORIARTY: Q. I'm handing you Exhibit 11. MR. SLATER: Are you	Page 119	2 3 4	A. Yes. Q. Would this information have been available to you when it was	Page 121
2 3 4 5	BY MR. MORIARTY: Q. I'm handing you Exhibit 11. MR. SLATER: Are you ignoring my objection?	Page 119	2 3 4 5	A. Yes. Q. Would this information have been available to you when it was published in 2008?	Page 121
2 3 4 5 6	BY MR. MORIARTY: Q. I'm handing you Exhibit 11. MR. SLATER: Are you ignoring my objection? MR. MORIARTY: No. I'm	Page 119	2 3 4 5 6	A. Yes. Q. Would this information have been available to you when it was published in 2008? A. Yes.	Page 121
2 3 4 5 6 7	BY MR. MORIARTY: Q. I'm handing you Exhibit 11. MR. SLATER: Are you ignoring my objection? MR. MORIARTY: No. I'm going to ask a more specific	Page 119	2 3 4 5 6 7	A. Yes. Q. Would this information have been available to you when it was published in 2008? A. Yes. Q. Was this kind of information	Page 121
2 3 4 5 6 7 8	BY MR. MORIARTY: Q. I'm handing you Exhibit 11. MR. SLATER: Are you ignoring my objection? MR. MORIARTY: No. I'm going to ask a more specific question.	Page 119	2 3 4 5 6 7 8	A. Yes. Q. Would this information have been available to you when it was published in 2008? A. Yes. Q. Was this kind of information generally available to doctors who were	Page 121
2 3 4 5 6 7 8 9	BY MR. MORIARTY: Q. I'm handing you Exhibit 11. MR. SLATER: Are you ignoring my objection? MR. MORIARTY: No. I'm going to ask a more specific question. BY MR. MORIARTY:	Page 119	2 3 4 5 6 7 8 9	A. Yes. Q. Would this information have been available to you when it was published in 2008? A. Yes. Q. Was this kind of information generally available to doctors who were operating on the pelvic floor in 2008 and	Page 121
2 3 4 5 6 7 8 9 10	BY MR. MORIARTY: Q. I'm handing you Exhibit 11. MR. SLATER: Are you ignoring my objection? MR. MORIARTY: No. I'm going to ask a more specific question. BY MR. MORIARTY: Q. Is this article about	Page 119	2 3 4 5 6 7 8 9	A. Yes. Q. Would this information have been available to you when it was published in 2008? A. Yes. Q. Was this kind of information generally available to doctors who were operating on the pelvic floor in 2008 and 2009?	Page 121
2 3 4 5 6 7 8 9 10	BY MR. MORIARTY: Q. I'm handing you Exhibit 11. MR. SLATER: Are you ignoring my objection? MR. MORIARTY: No. I'm going to ask a more specific question. BY MR. MORIARTY: Q. Is this article about dyspareunia and mesh erosion after	Page 119	2 3 4 5 6 7 8 9 10 11	A. Yes. Q. Would this information have been available to you when it was published in 2008? A. Yes. Q. Was this kind of information generally available to doctors who were operating on the pelvic floor in 2008 and 2009?  MR. SLATER: Objection.	Page 121
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	BY MR. MORIARTY:  Q. I'm handing you Exhibit 11.  MR. SLATER: Are you ignoring my objection?  MR. MORIARTY: No. I'm going to ask a more specific question.  BY MR. MORIARTY:  Q. Is this article about dyspareunia and mesh erosion after vaginal mesh placement with a kit procedure?  A. Yes, that is the title.  Q. Was it published in April of 2008?  A. Yes.	Page 119	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Yes. Q. Would this information have been available to you when it was published in 2008? A. Yes. Q. Was this kind of information generally available to doctors who were operating on the pelvic floor in 2008 and 2009?  MR. SLATER: Objection. THE WITNESS: It was generally available. (Document marked for identification as Exhibit Weber-13.)	Page 121
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	BY MR. MORIARTY:  Q. I'm handing you Exhibit 11.  MR. SLATER: Are you ignoring my objection?  MR. MORIARTY: No. I'm going to ask a more specific question.  BY MR. MORIARTY:  Q. Is this article about dyspareunia and mesh erosion after vaginal mesh placement with a kit procedure?  A. Yes, that is the title.  Q. Was it published in April of 2008?  A. Yes.	Page 119	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Yes. Q. Would this information have been available to you when it was published in 2008? A. Yes. Q. Was this kind of information generally available to doctors who were operating on the pelvic floor in 2008 and 2009?  MR. SLATER: Objection. THE WITNESS: It was generally available. (Document marked for identification as Exhibit Weber-13.) BY MR. MORIARTY: Q. Okay. Doctor, is this	Page 121
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	BY MR. MORIARTY:  Q. I'm handing you Exhibit 11.  MR. SLATER: Are you ignoring my objection?  MR. MORIARTY: No. I'm going to ask a more specific question.  BY MR. MORIARTY:  Q. Is this article about dyspareunia and mesh erosion after vaginal mesh placement with a kit procedure?  A. Yes, that is the title.  Q. Was it published in April of 2008?  A. Yes.  Q. In Obstetrics & Gynecology?  A. Yes.  Q. And that is The Green	Page 119	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Yes. Q. Would this information have been available to you when it was published in 2008? A. Yes. Q. Was this kind of information generally available to doctors who were operating on the pelvic floor in 2008 and 2009?  MR. SLATER: Objection. THE WITNESS: It was generally available. (Document marked for identification as Exhibit Weber-13.)  BY MR. MORIARTY: Q. Okay. Doctor, is this Exhibit 13, is this an ACOG practice bulletin from September 2007?	Page 121
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	BY MR. MORIARTY:  Q. I'm handing you Exhibit 11.  MR. SLATER: Are you ignoring my objection?  MR. MORIARTY: No. I'm going to ask a more specific question.  BY MR. MORIARTY:  Q. Is this article about dyspareunia and mesh erosion after vaginal mesh placement with a kit procedure?  A. Yes, that is the title.  Q. Was it published in April of 2008?  A. Yes.  Q. In Obstetrics & Gynecology?  A. Yes.  Q. And that is The Green Journal?	Page 119	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yes. Q. Would this information have been available to you when it was published in 2008? A. Yes. Q. Was this kind of information generally available to doctors who were operating on the pelvic floor in 2008 and 2009?  MR. SLATER: Objection. THE WITNESS: It was generally available. (Document marked for identification as Exhibit Weber-13.)  BY MR. MORIARTY: Q. Okay. Doctor, is this Exhibit 13, is this an ACOG practice bulletin from September 2007? A. Yes.	Page 121
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	BY MR. MORIARTY:  Q. I'm handing you Exhibit 11.  MR. SLATER: Are you ignoring my objection?  MR. MORIARTY: No. I'm going to ask a more specific question.  BY MR. MORIARTY:  Q. Is this article about dyspareunia and mesh erosion after vaginal mesh placement with a kit procedure?  A. Yes, that is the title.  Q. Was it published in April of 2008?  A. Yes.  Q. In Obstetrics & Gynecology?  A. Yes.  Q. And that is The Green Journal?  A. Yes.	Page 119	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yes. Q. Would this information have been available to you when it was published in 2008? A. Yes. Q. Was this kind of information generally available to doctors who were operating on the pelvic floor in 2008 and 2009?  MR. SLATER: Objection. THE WITNESS: It was generally available. (Document marked for identification as Exhibit Weber-13.) BY MR. MORIARTY: Q. Okay. Doctor, is this Exhibit 13, is this an ACOG practice bulletin from September 2007? A. Yes. Q. About pelvic organ prolapse?	Page 121
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	BY MR. MORIARTY:  Q. I'm handing you Exhibit 11.  MR. SLATER: Are you ignoring my objection?  MR. MORIARTY: No. I'm going to ask a more specific question.  BY MR. MORIARTY:  Q. Is this article about dyspareunia and mesh erosion after vaginal mesh placement with a kit procedure?  A. Yes, that is the title.  Q. Was it published in April of 2008?  A. Yes.  Q. In Obstetrics & Gynecology?  A. Yes.  Q. And that is The Green Journal?	Page 119	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yes. Q. Would this information have been available to you when it was published in 2008? A. Yes. Q. Was this kind of information generally available to doctors who were operating on the pelvic floor in 2008 and 2009?  MR. SLATER: Objection. THE WITNESS: It was generally available. (Document marked for identification as Exhibit Weber-13.)  BY MR. MORIARTY: Q. Okay. Doctor, is this Exhibit 13, is this an ACOG practice bulletin from September 2007? A. Yes.	Page 121

	Page 122			Page 124
1	if "collaborate" is the right word. Were	1	you about an opinion that you wrote at	
2	you involved in the drafting of this	2	Page Pages 9 through 10 of your report	
3	document?	3	in this case, Exhibit 1. It's about this	
4	A. Yes.	4	training issue.	
5	Q. Would Dr. Baker, because of	5	A. Yes.	
6	his membership in ACOOG, have been aware	6	Q. Do you have that there?	
7	of this kind of information when it was	7	Now, Doctor, I don't know	
8	published?	8	the extent to which you have been	
9	MR. SLATER: Objection.	9	questioned about training issues that you	
10	THE WITNESS: This was	10	wrote in your primary report, Exhibit 2.	
11	published in The Green Journal	11	Okay. So I'm sure Mr. Slater will tell	
12	which he said he received.	12	me if I'm asking questions that you've	
13	BY MR. MORIARTY:	13	<u> </u>	
			already been asked about, but I need to	
14	Q. And I know at one point	14	understand this	
15	there was an ACOG bulletin about which	15	MR. SLATER: Counsel, if	
16	you wrote a letter to the editor, and	16	your questions are specific to	
17	there was an exchange back and forth. Is	17	this case, as I've been doing, I'm	
18	this the ACOG bulletin that was the	18	not going to object. If you're	
19	subject of that letter to the editor?	19	going to ask general questions on	
20	A. No. This is the revised.	20	a report that's been out for three	
21	Q. Okay. That's all I had to	21	and a half years, a little over	
22	ask you about that.	22	three years, you know, I'd rather	
23	MR. SLATER: Oh, it's the	23	you not do it, because I'm going	
24	same bulletin. It's just the	24	to have to keep stopping her from	
	Page 123			Page 125
1	Page 123	1	answering	Page 125
1 2	revised version.	1 2	answering.  We have an agreement that	Page 125
2	revised version.  THE WITNESS: Correct.	2	We have an agreement that	Page 125
2	revised version.  THE WITNESS: Correct.  BY MR. MORIARTY:	2	We have an agreement that this is supposed to be a	Page 125
2 3 4	revised version. THE WITNESS: Correct. BY MR. MORIARTY: Q. Well, when you say "revised	2 3 4	We have an agreement that this is supposed to be a case-specific deposition. She's	Page 125
2 3 4 5	revised version.  THE WITNESS: Correct.  BY MR. MORIARTY:  Q. Well, when you say "revised version," what do you mean?	2 3 4 5	We have an agreement that this is supposed to be a case-specific deposition. She's been deposed. And more important,	Page 125
2 3 4 5 6	revised version.  THE WITNESS: Correct.  BY MR. MORIARTY: Q. Well, when you say "revised version," what do you mean? A. I mean that this was	2 3 4 5 6	We have an agreement that this is supposed to be a case-specific deposition. She's been deposed. And more important, Ethicon lawyers have had the	Page 125
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		Page 126			Page 128
1	Dr. Baker is to select him for	-	1	didn't have to seek the permission of a	
2	training and lead him to believe		2	device company every time he did that,	
3	that he is qualified to perform		3	did he?	
4	the Prolift surgeries, when,		4	A. No.	
5	according to their own internal		5	Q. Do you know what percentage	
6	standards, they were looking		6	of surgeons perform Prolift, for example,	
7	for they were targeting doctors		7	who never underwent the Ethicon-offered	
8	who had high volume, were		8	training?	
	,		9	5	
9	experienced pelvic floor surgeons.		_	A. No.	
10	According to those criteria, he		10	Q. Even had Dr. Baker not	
11	does he does not meet those		11	undergone the training, could he have	
12	criteria.		12	still used and prescribed the Prolift	
13	BY MR. MORIARTY:		13	device?	
14	Q. Okay. I understand that's		14	A. My understanding of	
15	the opinion in your report. I'm asking a		15	Dr. Baker's testimony was that he would	
16	different question.		16	not go rogue and use devices without that	
17	When it comes to Dr. Baker's		17	kind of training. The problem with the	
18	decision about what drugs to prescribe or		18	training was that first it led him to	
19	devices to prescribe for his patients,		19	believe that he was qualified, and	
20	it's not the drug or device manufacturers		20	provided him with inaccurate and	
21	that control whether he does those things		21	misleading information about how what	
22	or doesn't do those things, correct?		22	outcomes to expect from his patients,	
23	MR. SLATER: Objection. You		23	which he then provided to his patients,	
24	can answer.		24	believing it to be true.	
				•	
		Page 127			Page 129
1	THE WITNESS: He was	Page 127	1	Q. Okay. To the best of your	Page 129
1 2	THE WITNESS: He was approached by sales	Page 127	1 2	Q. Okay. To the best of your understanding, there's no requirement by	Page 129
2	approached by sales	Page 127		understanding, there's no requirement by	Page 129
2	approached by sales representatives and told he was	Page 127	2	understanding, there's no requirement by Indiana state law, Indiana regulation,	Page 129
2 3 4	approached by sales representatives and told he was qualified to perform this	Page 127	2 3 4	understanding, there's no requirement by Indiana state law, Indiana regulation, FDA regulation, anything that would	Page 129
2 3 4 5	approached by sales representatives and told he was qualified to perform this procedure and underwent to	Page 127	2 3 4 5	understanding, there's no requirement by Indiana state law, Indiana regulation, FDA regulation, anything that would legally apply to Dr. Baker that would	Page 129
2 3 4 5 6	approached by sales representatives and told he was qualified to perform this procedure and underwent to perform the Prolift procedures,	Page 127	2 3 4 5 6	understanding, there's no requirement by Indiana state law, Indiana regulation, FDA regulation, anything that would legally apply to Dr. Baker that would require him to undergo Ethicon training;	Page 129
2 3 4 5 6 7	approached by sales representatives and told he was qualified to perform this procedure and underwent to perform the Prolift procedures, and then underwent Ethicon's	Page 127	2 3 4 5 6 7	understanding, there's no requirement by Indiana state law, Indiana regulation, FDA regulation, anything that would legally apply to Dr. Baker that would require him to undergo Ethicon training; is that true?	Page 129
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	Page	130		Page 132
1	relying on any guidelines from ACOG or	1	A. I think they're	·
2	AUGS or another organization like that	2	interrelated.	- 1
3	for the basis of this particular opinion	3	Q. Do you have any evidence	- 1
4	that we're talking about?	4	from any source in this case to indicate	- 1
5	A. Well, they referred to	5	that Dr. Baker was not skilled when he	- 1
6	those guidelines that you point out do	6	performed Prolift procedures?	- 1
7	refer to doctors having experience with	7	MR. SLATER: Objection. You	- 1
8	treating women with prolapse, so that	8	can answer.	- 1
9	there those guidelines do exist and,	9	THE WITNESS: The only	- 1
10	as guidelines, offer some guidelines	10	information I have specific to	- 1
11	I'm sorry.	11	that is Mrs. Hammons. And she did	- 1
12	They help define who's most	12	not experience any acute	- 1
13	qualified based on experience and	13	intraoperative complications.	- 1
14	training to perform reconstructive	14	·	- 1
15	surgery.	15	Q. Okay. Now, I'll get back	- 1
16	Q. Do those guidelines set	16	later to what complications you believe	- 1
17	volume limits, X number of procedures per	17	she did suffer as a result of the	- 1
18	month or year?	18	May 2009 procedure. But quickly tell me	- 1
19	A. No, not those guidelines.	19	what complications you believe she did	- 1
20	In the literature, there are studies of	20	suffer from that surgery.	- 1
21	the learning curve and how long it takes	21	A. She experienced progressive	- 1
22	to perform certain difficult	22		- 1
23	technically difficult procedures. But,	23	vaginal anatomic distortion, pain, such	- 1
24	no, those numbers are not in the	24	severe pain with intercourse that she has	- 1
24	no, those numbers are not in the	24	severe pain with intercourse that she has	
	Page	131		Page 133
1	Page quidelines.		apareunia, vaginal mesh erosion, and	Page 133
1 2	guidelines.	1	apareunia, vaginal mesh erosion, and bladder mesh erosion.	Page 133
2	guidelines. Q. Okay. And just because	1 2	bladder mesh erosion.	Page 133
2	guidelines. Q. Okay. And just because Dr. Baker lives and practices surgery in	1 2 3	bladder mesh erosion.  MR. SLATER: Could you read	Page 133
2 3 4	guidelines. Q. Okay. And just because Dr. Baker lives and practices surgery in a rural part of southern Indiana doesn't	1 2 3 4	bladder mesh erosion.  MR. SLATER: Could you read that back?	Page 133
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1 2	for the kinds of contractions that occur. In	Page 134	1 2	itself, like the tension-free aspects and how he would could have been trained	Page 136
3	Q. Okay. I don't mean to cut		3	or not trained on that, because there's	
4	you off. What I'm trying to get at with		4	no agreed-upon definition of tension.	- 1
5	this particular question and I		5	But as I said, during the	- 1
6	understand that you think that the use of		6	operation, she did not experience any	- 1
7	transvaginal mesh kits is defective and		7	acute complications.	- 1
8	it shouldn't have been done here. Okay.		8	Q. Well, did she experience any	- 1
9	What I'm trying to figure		9	chronic complications that you would, to	- 1
10	out is if it's the Prolift that caused		10	a probability, attribute to his lack of	- 1
11	these complications that you just		11	surgical skill?	- 1
12	mentioned or a specific lack of surgical		12	A. No. It's not a surgical	- 1
13 14	skill by Dr. Baker. A. Okay. I understood your		13 14	skill issue specifically.	- 1
15	A. Okay. I understood your question as surgical technique to refer		15	Q. Just to put it another way, and to make sure	- 1
16	to the surgery		16	MR. SLATER: We don't need	- 1
17	Q. No.		17	to put it another way. We spent	- 1
18	A the technique of the		18	ten minutes on it. Come on.	- 1
19	Prolift itself.		19	Let's move on.	- 1
20	The problem with the		20	BY MR. MORIARTY:	- 1
21	surgical technique		21	Q. To make sure I understand	- 1
22	MR. SLATER: Dr. Weber, all		22	MR. SLATER: If you don't	- 1
23	he's asking is are you saying		23	really understand that, Counsel	- 1
24	Baker did it wrong, or are you		24	really? You really don't	- 1
					-
1	caving that the Drolift procedure	Page 135	1	understand that?	Page 137
1	saying that the Prolift procedure	Page 135	1	understand that?	Page 137
2	is unsafe. That's all he wants to	Page 135	2	MR. MORIARTY: Okay. That's	Page 137
2	is unsafe. That's all he wants to know.	Page 135	2	MR. MORIARTY: Okay. That's fine.	Page 137
2 3 4	is unsafe. That's all he wants to know.  THE WITNESS: I'm saying the	Page 135	2 3 4	MR. MORIARTY: Okay. That's fine. BY MR. MORIARTY:	Page 137
2 3 4 5	is unsafe. That's all he wants to know.  THE WITNESS: I'm saying the Prolift procedure is unsafe in	Page 135	2 3 4 5	MR. MORIARTY: Okay. That's fine. BY MR. MORIARTY: Q. I don't remember what	Page 137
2 3 4	is unsafe. That's all he wants to know.  THE WITNESS: I'm saying the Prolift procedure is unsafe in terms of what happens	Page 135	2 3 4	MR. MORIARTY: Okay. That's fine. BY MR. MORIARTY: Q. I don't remember what exhibit this was, Doctor. This was	Page 137
2 3 4 5 6	is unsafe. That's all he wants to know.  THE WITNESS: I'm saying the Prolift procedure is unsafe in	Page 135	2 3 4 5 6	MR. MORIARTY: Okay. That's fine. BY MR. MORIARTY: Q. I don't remember what	Page 137
2 3 4 5 6 7	is unsafe. That's all he wants to know.  THE WITNESS: I'm saying the Prolift procedure is unsafe in terms of what happens postoperatively.	Page 135	2 3 4 5 6 7	MR. MORIARTY: Okay. That's fine. BY MR. MORIARTY: Q. I don't remember what exhibit this was, Doctor. This was Dr. Baker's operative note. Exhibit 6.	Page 137
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	Page	138			Page 140
1	the hysterectomy is typically		1	Dr. Baker's partner also was a user of	_
2	circumferential around the cervix itself.		2	Prolift?	
3	Q. And is that at the		3	A. I don't recall that	
4	considered to be in the posterior portion		4	specifically from the deposition	
5	of the vagina?		5	testimony, whether it was specific to	
6	A. No. That would be the apex.		5 6	Prolift or a different type of mesh	
7			0 7	• • • • • • • • • • • • • • • • • • • •	
	Q. Okay. On the second page,			procedure.	
8	it says, "There was a small hole noted in		8	Q. Okay. We're talking about	
9	the membrane between that plane and the		9	this Dr. Francis who assisted in the	
10	intra-abdominal cavity which was closed		0	procedure?	
11	with purse-string 2-0 Vicryl."		1	A. Yes.	
12	What is your understanding	1	2	Q. Do you know whether	
13	of where that hole was and through what	1	3	Dr. Lackey's partners are users of	
14	planes?	1	4	transvaginal mesh products?	
15	A. The hole was in the	1	5	A. I don't know.	
16	peritoneum, so the peritoneal membrane is	1	6	Q. You know Dr. Heit was,	
17	what he's describing there.		7	correct?	
18	Q. All right. And then a few		8	A. A user of mesh procedures?	
19	lines down it says, "There was a lot of		9	Q. Yes. Transvaginal mesh	
20	fluid that was draining into the vagina."		0	procedures in 2009.	
21	Do you have an opinion as to		1	•	
22	what the source of that fluid was?				
			2	Q. Was Dr. Heit the first	
23	A. It's not something that I		3	physician to measure the dimensions of	
24	can say with certainty from his operative	2	4	Mrs. Hammons' vagina in 2012?	
		100			5 444
1	Page		1	A Voc	Page 141
1	report.		1	A. Yes.	Page 141
2	report. Q. Do you have an opinion, to a		2	Q. And by then, Mrs. Hammons	Page 141
2	report. Q. Do you have an opinion, to a probability?		2 3	Q. And by then, Mrs. Hammons had had the vaginal hysterectomy,	Page 141
2 3 4	report. Q. Do you have an opinion, to a probability? A. No.		2 3 4	Q. And by then, Mrs. Hammons had had the vaginal hysterectomy, anterior Prolift, and a posterior repair	Page 141
2 3 4 5	report. Q. Do you have an opinion, to a probability? A. No. Q. Do you have a list of		2 3 4 5	Q. And by then, Mrs. Hammons had had the vaginal hysterectomy, anterior Prolift, and a posterior repair by Dr. Lackey?	Page 141
2 3 4 5 6	report. Q. Do you have an opinion, to a probability? A. No. Q. Do you have a list of differential possibilities for the source		2 3 4 5 6	Q. And by then, Mrs. Hammons had had the vaginal hysterectomy, anterior Prolift, and a posterior repair by Dr. Lackey?  A. Yes.	Page 141
2 3 4 5 6 7	report. Q. Do you have an opinion, to a probability? A. No. Q. Do you have a list of differential possibilities for the source of that fluid?		2 3 4 5	Q. And by then, Mrs. Hammons had had the vaginal hysterectomy, anterior Prolift, and a posterior repair by Dr. Lackey?  A. Yes. Q. Is it likely that the	Page 141
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	Page 142			Page 144
1	shortened vaginal length at that point.	1	Dr. Zipper's report, she wasn't having	
2	Q. Did Dr. Heit mention in his	2	urinary incontinence at the time he saw	
3	records or in his deposition that it was	3	her. So whether that had anything to do	
4	his opinion that the shortened vagina was	4	with stress incontinence symptoms she had	
5	multifactorial?	5	in between, I can't say that with	
6	A. Yes, I believe that was his	6	certainty.	
7	deposition testimony.	7	Q. Okay. And she didn't	
8	Q. Would Mrs. Hammons, by	8	actually complain of stress urinary	
9	virtue of her age and her menopausal	9	incontinence until after Dr. Lackey	
10	status, would that also increase the risk	10	performed his posterior repair, correct?	
11	of her having a shortened vagina?	11	A. I would have to see the	
12	A. No. I don't believe so.	12	records to answer that with certainty.	
13	Q. Why not?	13	Q. One quick question about	
14	A. In my clinical experience,	14	Exhibit 10, which is that FDA statement	
15	only a severe atrophy that occurs in	15	in 2008. At the bottom of the first	
16	women who are much farther past their age	16	page, there are some recommendations,	
17	of menopause results in a change in the	17	correct?	
18	vaginal dimensions. For someone like	18	A. Yes.	
19	Mrs. Hammons, the atrophy is more	19	Q. And FDA did not recommend	
20	superficial and related to the changes in	20	that the procedure be the Prolift	
21	the epithelium of the vagina.	21	procedure be restricted to I'm sorry.	
22	Q. How many years was she	22	Let me withdraw that question.	
23	postmenopause by May of 2009?	23	FDA's notification was not	
24	A. I don't remember exactly.	24	just about one specific company's	
	,		. , ,	
	Page 143			Page 145
1	Page 143  It would be less than ten.	1	product, correct?	Page 145
1 2		1 2	product, correct? A. Correct.	Page 145
	It would be less than ten.		·	Page 145
2	It would be less than ten. Q. Is ten about the time that	2	A. Correct.	Page 145
2	It would be less than ten. Q. Is ten about the time that the risk of vaginal shortening begins	2	<ul><li>A. Correct.</li><li>Q. And these recommendations</li></ul>	Page 145
2 3 4	It would be less than ten. Q. Is ten about the time that the risk of vaginal shortening begins secondary to menopause?	2 3 4	A. Correct. Q. And these recommendations didn't include that only high-volume	Page 145
2 3 4 5	It would be less than ten. Q. Is ten about the time that the risk of vaginal shortening begins secondary to menopause? A. In my clinical experience,	2 3 4 5	A. Correct. Q. And these recommendations didn't include that only high-volume surgeons should be trained on the	Page 145
2 3 4 5 6	It would be less than ten. Q. Is ten about the time that the risk of vaginal shortening begins secondary to menopause? A. In my clinical experience, I've seen that in in elderly women,	2 3 4 5 6	A. Correct. Q. And these recommendations didn't include that only high-volume surgeons should be trained on the procedure	Page 145
2 3 4 5 6 7	It would be less than ten. Q. Is ten about the time that the risk of vaginal shortening begins secondary to menopause? A. In my clinical experience, I've seen that in in elderly women, 70 plus.	2 3 4 5 6 7	A. Correct. Q. And these recommendations didn't include that only high-volume surgeons should be trained on the procedure MR. SLATER: Objection.	Page 145
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١.		Page 146			Page 148
1	this.		1	procedure in December of 2009, the	
2	MR. MORIARTY: Because this		2	Prolift was at least managing	
3	was available before Dr. Baker		3	Mrs. Hammons cystocele, correct?	- 1
4	operated.		4	<ul> <li>A. She did not have a recurrent</li> </ul>	
5	MR. SLATER: So what? She's		5	cystocele at this point. That's correct.	
6	been deposed on it.		6	Q. Okay. From your	
7	MR. MORIARTY: Just either		7	understanding of Dr. Heit's operative	
8	tell her to answer or not.		8	notes and I will mark them did he	
9	MR. SLATER: Please move on		9	ever actually perform an anterior	
10	to something that's case-specific.		10	prolapse procedure?	
11	BY MR. MORIARTY:		11	(Document marked for	
12	Q. In 2009, were reasonably		12	identification as Exhibit	
13	prudent pelvic surgeons like Dr. Baker		13	Weber-15.)	
	performing Prolift procedures?		14	BY MR. MORIARTY:	
14					
15	A. Surgeons were performing		15	Q. So 15 is his 2012 procedure.	
16	Prolift procedures based on yes, they		16	(Document marked for	
17	were.		17	identification as Exhibit	
18	Q. Okay. So Dr. Baker was not		18	Weber-16.)	
19	committing malpractice when he used		19	BY MR. MORIARTY:	
20	Prolift on Mrs. Hammons, correct?		20	Q. And 16 is the January 2013	
21	A. I'm not giving		21	procedure.	
22	standard-of-care opinions on Dr. Baker.		22	So you're looking at the one	
23	Q. Okay. Either way, that he		23	from November 28, 2012?	
24	was or was not within the standard of		24	A. Yes.	
		Page 147			Page 149
1	care, correct? You're giving no opinion	Page 147	1	Q. Did he as far as you can	Page 149
1 2	care, correct? You're giving no opinion about that subject?	Page 147	1 2	Q. Did he as far as you can tell from this operative report, did he	Page 149
2		Page 147		tell from this operative report, did he	Page 149
2	about that subject?	Page 147	2	tell from this operative report, did he perform any sort of anterior support	Page 149
2 3 4	about that subject?  MR. SLATER: That's correct.  THE WITNESS: Correct.	Page 147	2 3 4	tell from this operative report, did he perform any sort of anterior support procedure?	Page 149
2 3 4 5	about that subject?  MR. SLATER: That's correct.  THE WITNESS: Correct.  MR. SLATER: She's not	Page 147	2 3 4 5	tell from this operative report, did he perform any sort of anterior support procedure?  A. No, he did not.	Page 149
2 3 4 5 6	about that subject?  MR. SLATER: That's correct.  THE WITNESS: Correct.  MR. SLATER: She's not  proffered on standard of care.	Page 147	2 3 4 5 6	tell from this operative report, did he perform any sort of anterior support procedure?  A. No, he did not. Q. Okay. And his pre- and	Page 149
2 3 4 5 6 7	about that subject?  MR. SLATER: That's correct.  THE WITNESS: Correct.  MR. SLATER: She's not  proffered on standard of care.  BY MR. MORIARTY:	Page 147	2 3 4 5 6 7	tell from this operative report, did he perform any sort of anterior support procedure?  A. No, he did not. Q. Okay. And his pre- and postoperative diagnosis didn't include	Page 149
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Page 150 Page 152 inappropriate? problem with the anterior mesh, which 1 2 would include a contraction, infection. Α. No. 2 3 3 And is the same true with She could possibly have a pelvic Ο. 4 infection that he was feeling a 4 his description of the hysterectomy? 5 A. Yes. 5 tenderness at that point. 6 6 Anything else? Dr. Baker's first post-op office visit was May 17, 2009. And I 7 Those are the main ones, I 7 Α. believe at that point in your report you 8 8 think. 9 mentioned that she was having some 9 Q. To the best of your 10 complaints of urinary problems. 10 understanding from these medical records Was it appropriate for him and the testimony, she did not have 11 11 either a mesh infection or a pelvic 12 to tell her at that point essentially to 12 give it more time? infection at that point; is that true? 13 13 14 May 17, 2009. 14 Α. Yes. 15 A. Okay. Yes. 15 Q. Were there any complaints of O. And did whatever urinary dyspareunia recorded in the medical 16 16 symptoms she complained about on May 17, records -- withdraw that question. 17 17 18 2009, seem to resolve over the course of 18 Were there any complaints of the next few office visits? dyspareunia recorded in the medical 19 19 20 A. Yes. 20 records between Dr. Lackey's procedure in 21 In June -- I'm sorry. On 21 December of 2009 and January of 2012? June 9, 2009, I think Dr. Baker's office I'm just referring to what was recorded 22 22 23 note reflects that he was seeing a 23 in the medical records. 24 suture. Is it your opinion that that 24 A. So, in my report, I'm just Page 151 Page 153 was, in fact, a non -- as of then, referring to records from Dr. Lackey. 1 1 2 not-yet-absorbed suture? 2 Q. I'm sorry. Could you tell 3 3 A. I can only go by his me what page you're looking at? 4 records. If he reported that he saw a 4 A. I'm on Page 3 at the bottom, 5 suture, it's probably a suture. 5 which is the July 20, 2009, with 6 Q. Okay. It's not your opinion 6 Dr. Baker. 7 that she had a vaginal mesh exposure at 7 Okay. Q. 8 8 that point, June of 2009? A. And you're asking about the 9 9 time -- I'm sorry. Could you remind me A. No. of the time frame that you're asking 10 So on July 20th of 2009, 10 Mrs. Hammons complains to Dr. Baker about 11 about? 11 dyspareunia, correct? 12 12 Yeah. My question was Q. 13 Α. Yes. 13 between Dr. Lackey's procedure in December of 2009 and January of 2012. 14 0. And Dr. Baker writes in his 14 note, "This was mostly at the back cuff." 15 A. January of 2009? 15 16 Did he not? 16 No. Between Dr. Lackey's surgery of December 2009 and January of 17 On the back cuff, yes. 17 A. What is the differential 2012, is there any voiced complaint in 18 O. 18 the medical records of dyspareunia? 19 diagnosis, in your opinion, for the 19 causes of that dyspareunia at that A. I gotcha. In my report, I'm 20 20 location on July 20, 2009? just referring to Dr. Lackey. And I 21 21 22 The differential diagnosis don't have the information from Α. 22 23 would include tenderness from the scar 23 Dr. Rohrer as to whether she reported from the hysterectomy, tenderness from a 24 that to him in that time period. 24

		П			1
	Pag	e 154			Page 156
1	Q. Okay. So as of right now,		1	a predictable course over the next	
2	you don't know the answer?		2	several years where the	
3	A. Correct.		3	contraction becomes more and more	
4	Q. Okay. Let me go back to		4	evident, until we reach Dr. Heit's	
5	July 20th of 2009. In your report, you		5	exam where he finds that the	
6	gave the opinion that the most likely		6	anterior vagina is tense and taut	
7	cause of her dyspareunia at that point		7	and tender as the cause of her	
8	was mesh contraction; is that right?		8	dyspareunia.	
9	A. Yes.		9	BY MR. MORIARTY:	
10	Q. And do you have an opinion,		10	Q. Okay. As a complaint of	
11	to a reasonable degree of medical		11	dyspareunia, just as a subjective	
12	probability, as to the degree of that		12	complaint, was it, I guess, stable from	
13	contraction at that point?		13	the summer of 2009 up until Dr. Heit saw	
14	A. Not a specific degree.		14	her in the summer of 2012?	
15	Q. Had somebody operated on her		15	A. Mrs. Hammons reported in her	
16	at that point and removed the mesh, would		16	· · · · · · · · · · · · · · · · · · ·	
17	it have been flat, folded, bunched? Do		17	deposition testimony that after the Prolift procedure, she was never able to	
18 19	you have an opinion on that?		18	complete the act of sexual intercourse.	
	A. She's experiencing pain at a		19	Her physical findings on examination	
20	location where the mesh arms are		20	changed over time as the degree of mesh	
21	inserting into the pelvic side wall. So		21	contraction became more severe.	
22	the Prolift mesh contraction that was		22	Q. They changed how? Her	
23	going on at that point leading to that		23	physical findings changed how?	
24	pain, I believe that the findings, if		24	A. They changed from when	
	Dog	10 1FF			Dago 1E7
1		je 155	1	Dr. Raker initially felt the tenderness	Page 157
1	someone took that out, would represent	je 155	1	Dr. Baker initially felt the tenderness	Page 157
2	someone took that out, would represent the bridging fibrosis and the scar	je 155	2	at the apex of the vagina, which is where	Page 157
2	someone took that out, would represent the bridging fibrosis and the scar plating that happens with mesh	ie 155	2	at the apex of the vagina, which is where the top anterior body of the Prolift mesh	Page 157
2 3 4	someone took that out, would represent the bridging fibrosis and the scar plating that happens with mesh contraction.	ie 155	2 3 4	at the apex of the vagina, which is where the top anterior body of the Prolift mesh is, and the two deep mesh arms of the	Page 157
2 3 4 5	someone took that out, would represent the bridging fibrosis and the scar plating that happens with mesh contraction.  Q. Okay. So you don't have an	ie 155	2 3 4 5	at the apex of the vagina, which is where the top anterior body of the Prolift mesh is, and the two deep mesh arms of the Prolift.	Page 157
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2 his examination, Dr. Heit's findings in 2 Q. In the same study?	Page 160
3 the operating room, the fact that the 3 A. Yes.	
4 mesh was so contracted and causing 4 Q. Okay.	
5 distortion and adherence under the 5 A. And this was a student	v of
6 bladder base that he injured the bladder 6 ultrasound signs of mesh con	•
7 twice in the course of trying to remove 7 women after the Prolift proce	
8 the Prolift mesh, and the pathology 8 And they found that	
9 findings that describe the gross 9 87 percent of women had mo	
'	
10 specimens as rubbery and firm, which is a 10 severe retraction by ultrasour	•
11 description that's classic for the 11 described that as crumpled, f	
12 bridging fibrosis scar plating that 12 bunched. They measured the	
13 happens with the Prolift mesh. 13 thickness and found that the	
14 Q. Okay. Is there any 14 thickness increased in a direct	
15 diagnosis actually in the medical records 15 relationship with the level of	mesh
16 of contraction? Did anybody write that 16 retraction.	
17 as a diagnosis in the medical records? 17 And in addition, we	know
18 A. I would have to look to see 18 that these same patients expe	erienced a
19 if the exact word exists. 19 painful mesh contraction of m	nore than
20 Q. Did anybody write the word 20 19 percent. So these are the	ultrasound
21 or words "roping," "fraying," or 21 and clinical findings that are 6	exactly
22 "degradation of mesh" in Mrs. Hammons' 22 what happened to Ms. Hamm	•
23 medical records? 23 Q. Is there another stu	
24 A. Not to my knowledge, no. 24 A. There are other me	•
	•
Page 159	Page 161
1 Q. To the best of your 1 studies I'm sorry other u	
2 understanding, is there any published 2 studies that show mesh contr	
3 literature which describes mesh 3 Another one is by Tunn, T-U-	
4 contraction like that I'm sorry.  4 Q. Okay. Were there	
5 That's poorly phrased. 5 ultrasounds even ordered of l	
,	
]	
8 medical literature which, when describing 8 A. And the first date w	
9 this phenomena of contraction, describes 9 Q. Dr. Baker's procedu	ire in May
10 something like what Dr. Heit saw at 10 of 2009.	
11 surgery? 11 A. She had a pelvic ult	rasound
12 A. Yes. 12 in that time, yes.	
	w when that
13 Q. Okay. Do you know any 13 Q. Okay. Do you know	
14 studies, off the top of your head? 14 was?	
14 studies, off the top of your head? 14 was?	
14 studies, off the top of your head?  14 was?  15 A. Yes.  15 A. It was ordered by	d mesh or
14 studies, off the top of your head?14 was?15 A. Yes.15 A. It was ordered by16 Q. Tell me one or two of them.16 Dr. Lackey, I believe.	
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					1
	•	Page 162			Page 164
1	ultrasound that was performed at that		1	Q. Of Mrs. Hammons in 2009.	
2	time.		2	A. So we're talking	
3	Q. Why do you rule out vaginal		3	specifically at the 12-week visit with	
4	atrophy and vaginal shortening as causes		4	Dr. Baker?	
5	of Mrs. Hammons' dyspareunia?		5	Q. In July of 2009.	
	· · ·			•	
6	MR. SLATER: Objection.		6	A. Okay.	
7	Compound. Confusing. Lack of		7	Q. I'm just asking if atrophy	
8	foundation.		8	and a shortened vagina are at least in	
9	THE WITNESS: I don't		9	the differential diagnosis.	
10	believe I did that, to rule those		10	<ul> <li>A. In general terms. In his</li> </ul>	
11	diagnoses out.		11	examination, he described the pain	
12	BY MR. MORIARTY:		12	specifically at the back cuff where the	
13	Q. Well, I asked you for your		13	body of the Prolift and the deep arms are	
14	differential diagnosis of her dyspareunia		14	located.	
15	in July of 2009. Okay. And when you		15	Q. Okay. After Dr. Lackey's	
16	gave it to me, I assumed that let me		16	surgery in December of 2009, would	
17	back up.		17	atrophy and a shortened vagina be in the	
	•			• •	
18	The differential diagnosis		18	differential diagnosis for Mrs. Hammons'	
19	that you gave me for her complaints of		19	complaints of dyspareunia?	
20	dyspareunia were hysterectomy scar,		20	A. Those would be potentially	
21	anterior mesh, either infected or		21	in the differential, yes.	
22	contracting, or a pelvic infection.		22	Q. All right. And how do you	
23	Okay. So let me circle back and ask you.		23	rule them out?	
24	Wouldn't vaginal atrophy and		24	I'm sorry. Do you rule them	
		Page 163	_		Page 165
1	a foreshortened vagina be in the	Page 163	1	out as part of the differential	Page 165
2	differential diagnosis?	Page 163	2	diagnosis?	Page 165
2	differential diagnosis?  MR. SLATER: Objection.	Page 163		diagnosis?  A. It depends on the	Page 165
2	differential diagnosis?	Page 163	2	diagnosis?	Page 165
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2 3 4 5	differential diagnosis?  MR. SLATER: Objection.  Lack of foundation.  THE WITNESS: Her physical	Page 163	2 3 4 5	diagnosis?  A. It depends on the examination at that point and if the findings point to those features of	Page 165
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	Page 166			Page 168
1	A. They would be in the	1	hiatus of a year or more since he had	
2	differential, yes.	2	last seen her; is that right?	
3	Q. Okay. And do you have an	3	A. Yes.	
4	opinion, to a probability, just based on	4	Q. Now, one of the complaints	
5	Dr. Lackey's records and deposition	5	and one of the physical findings at that	
6	testimony, whether that should be ruled	6	point was a recurrence of her prolapse,	
7	out as a cause of Mrs. Hammons'	7	correct?	
8	complaints of dyspareunia?	8	A. Yes.	
9	A. It should be evaluated. I	9	Q. And the recurrence was a	
10	don't recall off the top of my head, from	10	rectocele; is that right?	
11	the office visits that she had, whether	11	A. Yes.	
12	he described atrophy at those visits.	12	Q. In other words, whatever	
13	Q. From your understanding of	13	native tissue repair Dr. Lackey performed	
14	the medical records, did Mrs. Hammons use	14	in December of 2009 was not successful	
15	the estrogen cream that she was	15	beyond at least January of 2012, correct?	
16	prescribed as it was prescribed?	16	A. Yes.	
17	A. I'm sorry. I don't remember	17	Q. All right. In other words,	
18	that off the top of my head.	18	it's a recurrence of her posterior	
19	MR. MORIARTY: I'm happy to	19	prolapse?	
20	keep going. But if you all want	20	A. Yes.	
21		21	Q. Some doctors would call it a	
22	to get your sandwiches and eat,		<b>Q</b>	
	you're more than welcome to do		failure of the first procedure; is that	
23	that. And if Dr. Weber wants to	23	right?	
24	take a few-minute break to get	24	A. A failure of the procedure	
	Page 167			Page 169
1	Page 167 something to eat, that's fine,	1	that Dr. Lackey performed?	Page 169
1 2	something to eat, that's fine,	1 2	that Dr. Lackey performed? O. Yes.	Page 169
2	something to eat, that's fine, too.	2	Q. Yes.	Page 169
2 3	something to eat, that's fine, too. (Brief interruption.)	2 3	Q. Yes. A. Yes.	Page 169
2 3 4	something to eat, that's fine, too.  (Brief interruption.)  BY MR. MORIARTY:	2 3 4	<ul><li>Q. Yes.</li><li>A. Yes.</li><li>Q. Okay. In that same visit,</li></ul>	Page 169
2 3 4 5	something to eat, that's fine, too.  (Brief interruption.)  BY MR. MORIARTY:  Q. Okay. Doctor, these are the	2 3 4 5	Q. Yes. A. Yes. Q. Okay. In that same visit, she's complaining of dyspareunia, is she	Page 169
2 3 4 5 6	something to eat, that's fine, too. (Brief interruption.) BY MR. MORIARTY: Q. Okay. Doctor, these are the two pages that have the notes for that	2 3 4 5 6	Q. Yes. A. Yes. Q. Okay. In that same visit, she's complaining of dyspareunia, is she not?	Page 169
2 3 4 5 6 7	something to eat, that's fine, too.  (Brief interruption.)  BY MR. MORIARTY:  Q. Okay. Doctor, these are the two pages that have the notes for that visit.	2 3 4 5 6 7	Q. Yes. A. Yes. Q. Okay. In that same visit, she's complaining of dyspareunia, is she not? A. Actually, that's apareunia.	Page 169
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Page 170 Page 172 May of 2009, at least those things? 1 A. Urethral instability, 1 2 A. I think, if I understand 2 overflow incontinence, stress 3 3 your question correctly, the anterior incontinence, fistula, ectopic ureter, restrictive bladder disease, which has a Prolift and hysterectomy are joined by an 4 4 5 "and." 5 number of causes. I think those are the 6 6 Well, it was a combined main ones. Oh, excuse me. Urinary tract 7 7 procedure, correct? infection. 8 8 A. Correct. So in that case, Q. Eventually, Dr. Heit finds 9 9 mesh bunched in the midline, does he not? ves. 10 All right. I believe on 10 Α. Yes. Q. 11 August 3rd, 2012, Dr. Rohrer mentioned 11 O. All right. Other than something in his notes about a surgeon 12 12 contraction, what are the possible causes puncturing the bladder prior to that of that finding? 13 13 time. Did you see that in the notes when 14 14 A. In general terms, not you reviewed them? 15 15 specific to Mrs. Hammons, it could be implantation technique. It could be 16 A. I did. 16 something -- some external influence like 17 Q. And that's a mistake, is it 17 18 not? 18 radiation therapy that would have an even 19 A. I believe so, based on the 19 more pronounced scarring effect, 20 operative report. That was not recorded. 20 particularly -- well, let's just go there. Let's just stop there. Those are 21 Q. All right. Was Mrs. Hammons 21 22 having overactive bladder symptoms in the the main ones that I can think of. 22 23 summer of 2012, either based on notes by 23 So several times in your 24 Dr. Lackey or Dr. Rohrer? 24 report in this case, you refer to Page 171 Page 173 Now, overactive bladder Dr. Heit mentioned that he thought it was 1 1 2 typically refers to the constellation of 2 a surgical technique issue. Do you 3 3 urgency, frequency, and urge disagree with him? 4 incontinence. What she was describing 4 A. I disagree to the extent 5 when she saw Dr. Lackey on August 14th 5 that his findings are the worse 6 was leaking urine without any warning. 6 representation of mesh contraction. And 7 Q. And you're talking about 7 when she had been examined earlier in 8 8 2012, correct? time, less severe manifestations of the 9 9 mesh contraction existed. From surgical A. Yes. So that's not -- that brief description is not really videos, et cetera, we know that the 10 10 consistent with urge incontinence. 11 Prolift mesh often doesn't go in flat. 11 That's typically labeled under the rubric It's crumpled, roping, pore collapse. 12 12 13 of overactive bladder. 13 And at that point, that's O. I'm sorry. I didn't not something that can be visualized by 14 14 understand that. I thought you were the surgeon after the vaginal epithelium 15 15 16 saying it wasn't overactive bladder. Are 16 has been closed. 17 you saying it is? 17 Okay. Maybe I didn't ask a O. very good question. A. No, no. Leaking without 18 18 warning, without an overwhelming sense of 19 19 Dr. Heit, in his -- in at urgency, that is not OAB. least his deposition, said that he 20 20 21 O. So she has that complaint 21 thought it was a technique error by 22 that she's leaking without the sense of Dr. Baker, the implant. Do you disagree 22 23 urgency. What's your differential 23 with Dr. Heit? diagnosis of that problem at that point? 24 I believe what Dr. Heit was 24 Α.

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	Page 174			Page 176
1	explaining in his deposition testimony	1	Q. Okay. Do we know what that	
2	was, as if the bunching and crumpling,	2	"some" is, in a percentage?	
3	had it existed to the extent it was when	3	<ul> <li>A. I can give you examples from</li> </ul>	
4	he first saw her all along the way, but	4	the literature.	
5	with the benefit of the longitudinal	5	Q. No, that's okay.	
6	records that we have, we can see that, at	6	All right. So Scenario 2.	
7	least to the extent when Dr. Baker saw	7	If Dr. Baker puts in the mesh and he	
8	her at 12 weeks and he was palpating the	8	doesn't lay it completely flat and	
9	vaginal apex where the deep arms of the	9	contraction occurs, could it accentuate	
10	anterior Prolift mesh go and the deep	10	the whatever fold there was at the	
11	aspect of the body of the Prolift mesh,	11	time of the implant?	
12	by his recorded exam, the mesh did extend	12	A. I'm sorry. Now you've lost	
13	from the vaginal apex to the location	13	me. Can you repeat or rephrase?	
14	under the bladder base.	14	Q. I asked, do you disagree	
15	So to the extent that that	15	with Dr. Heit that this configuration he	
16	represents the coverage that the body of	16	found was a technique error by Dr. Baker.	
17	the Prolift mesh is supposed to account	17	And I think what you're saying is that	
18	for, that didn't later in time then,	18	I think what you're saying and please	
19	as the contraction progressed, Dr. Heit	19	correct me if I'm wrong is that	
20	had his findings.	20	Dr. Baker could have put it in wrong to	
21	So that in if there was	21	some degree, but not the degree that	
22	folding or clumping, we know there's	22	Dr. Heit found it in 2012.	
23	floor collapse, it would be of a	23	Is that what you're saying?	
24	relatively less degree when Dr. Baker saw	24	MR. SLATER: Objection. You	
	, 3		•	
	Page 175			Page 177
1	Page 175 her at 12 weeks, because he documented	1	can answer.	Page 177
1 2		2	can answer. THE WITNESS: I think we're	Page 177
	her at 12 weeks, because he documented			Page 177
2	her at 12 weeks, because he documented that the mesh extended from the apex	2	THE WITNESS: I think we're	Page 177
2	her at 12 weeks, because he documented that the mesh extended from the apex proximally, versus what Dr. Heit found,	2	THE WITNESS: I think we're getting there.	Page 177
2 3 4	her at 12 weeks, because he documented that the mesh extended from the apex proximally, versus what Dr. Heit found, which was the concentration of the	2 3 4	THE WITNESS: I think we're getting there. When Dr. Baker examined	Page 177
2 3 4 5	her at 12 weeks, because he documented that the mesh extended from the apex proximally, versus what Dr. Heit found, which was the concentration of the clumping mesh below the bladder base and the urethra and closer to the outside.	2 3 4 5	THE WITNESS: I think we're getting there. When Dr. Baker examined Mrs. Hammons at 12 weeks	Page 177
2 3 4 5 6	her at 12 weeks, because he documented that the mesh extended from the apex proximally, versus what Dr. Heit found, which was the concentration of the clumping mesh below the bladder base and the urethra and closer to the outside.  Q. Okay. I'm not fully	2 3 4 5 6	THE WITNESS: I think we're getting there. When Dr. Baker examined Mrs. Hammons at 12 weeks postoperatively, the main location of mesh contraction that he could	Page 177
2 3 4 5 6 7 8	her at 12 weeks, because he documented that the mesh extended from the apex proximally, versus what Dr. Heit found, which was the concentration of the clumping mesh below the bladder base and the urethra and closer to the outside.  Q. Okay. I'm not fully understanding your answer. So let me try	2 3 4 5 6 7	THE WITNESS: I think we're getting there. When Dr. Baker examined Mrs. Hammons at 12 weeks postoperatively, the main location	Page 177
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	Page 178			Page 180
1	worse	1	but that's my paraphrasing to put it into	
2	MR. SLATER: Objection.	2	a complete sentence.	
3	BY MR. MORIARTY:	3	Q. Okay. Where in Dr. Heit's	
4	Q for the patient?	4	November 28, 2012, operative note, if you	
5	Is that what you're saying?	5	recall, does it describe the treatment of	
6	MR. SLATER: Objection.	6	a vaginal exposure?	
7	Lack of foundation,	7	<ul> <li>A. Could I have his operative</li> </ul>	
8	mischaracterization.	8	note?	
9	THE WITNESS: I can try	9	Q. It's in this stack here.	
10	again. This is a progressive	10	It's Exhibit 15. Right there.	
11	process.	11	A. So, in the findings, this is	
12	BY MR. MORIARTY:	12	on the first page towards the bottom, the	
13	Q. I understand. I'm just	13	last sentence in the findings, "There's	
14	trying to find out if you disagree with	14	also communication with the vaginal	
15	Dr. Heit that it was a technique error.	15	mucosa through a sinus tract formation."	
16	MR. SLATER: Just that	16	Then in the body of the	
17	question.	17	operative report the body of the	
18	THE WITNESS: Just that	18	operative report does not describe the	
19	question. I disagree with	19	specific step in the procedure in which	
20	Dr. Heit.	20	he managed the sinus tract formation.	
21	BY MR. MORIARTY:	21	Q. Okay. And when it says in	
22	Q. Okay. Is it your opinion	22	the findings section on the first page of	
23	that the condition in which Dr. Heit	23	Exhibit 15, "There was also communication	
24	found the mesh, when he operated in 2012,	24	with the vaginal mucosa through a sinus	
-				
	Page 179			Page 181
1	Page 179 is solely related to contraction?	1	tract formation," does that mean to you	Page 181
1 2		1 2	tract formation," does that mean to you that there was an erosion in the vaginal	Page 181
	is solely related to contraction?  A. Well, it's a whole spectrum.		tract formation," does that mean to you that there was an erosion in the vaginal mucosa of mesh?	Page 181
2	is solely related to contraction?  A. Well, it's a whole spectrum.  There's the mesh contraction, the rigid	2	that there was an erosion in the vaginal mucosa of mesh?	Page 181
2 3 4	is solely related to contraction?  A. Well, it's a whole spectrum.  There's the mesh contraction, the rigid scar plating, the bridging fibrosis. All	2	that there was an erosion in the vaginal mucosa of mesh?  A. The way I interpret that is,	Page 181
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2 3 4 5	is solely related to contraction?  A. Well, it's a whole spectrum.  There's the mesh contraction, the rigid scar plating, the bridging fibrosis. All of those things happen in concert with the mesh contraction that leads to	2 3 4 5	that there was an erosion in the vaginal mucosa of mesh?  A. The way I interpret that is, there's been an interruption of the continuity of the vaginal epithelium.	Page 181
2 3 4 5 6 7	is solely related to contraction?  A. Well, it's a whole spectrum.  There's the mesh contraction, the rigid scar plating, the bridging fibrosis. All of those things happen in concert with the mesh contraction that leads to pathology findings like the rubbery,	2 3 4 5 6 7	that there was an erosion in the vaginal mucosa of mesh?  A. The way I interpret that is, there's been an interruption of the continuity of the vaginal epithelium. And within that disruption, there's a	Page 181
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		Page 182		F	Page 184
1	A. Yes.		1	findings nerves entrapped in mesh that	
2	Q. Have you ever spoken with		2	leads to the diagnosis of neuronal	
3	Dr. Zipper?		3	entrapment.	
4	A. No.		4	So it's a clinical diagnosis	
5	Q. Ever met him?		5	for doctors caring for patients in the	
6	A. No.		6	office. It's been substantiated by	
7				•	
	Q. Have you seen any record in		7	research, as I just described to you.	
8	this any record of Mrs. Hammons in		8	Q. Is that process that you're	
9	this case diagnosing a neuronal		9	describing part of a foreign body	
10	entrapment?		10	reaction?	
11	<ul> <li>A. In her clinical care, is</li> </ul>		11	<ul> <li>A. Yes. The foreign body</li> </ul>	
12	that what you're referring to? In her		12	reaction, inflammatory reaction, which	
13	medical records?		13	worsens the higher the mesh burden,	
14	Q. Yes.		14	the worse the foreign body reaction and	
15	A. Yes, okay. Then the answer		15	inflammatory reaction. So definitely,	
16	is no.		16	yes, it would also be directly related to	
17			17	the neuronal entrapment.	
	Q. Okay. Are there studies			•	
18	available to diagnose whether there's		18	Q. Have you ever published on	
19	such a thing as neuronal entrapment in a		19	foreign body reactions?	
20	patient?		20	A. No.	
21	A. Yes.		21	Q. Okay. Are there what	
22	Q. And what kind of study is		22	tests can be run on a patient to see if	
23	that?		23	they have reduced bladder compliance?	
24	A. Those are primarily based		24	A. You could do urodynamic	
	. ,			•	
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		Page 183		F	Page 185
1	out of the hernia mesh literature where,	Page 183	1	testing in which the bladder is	Page 185
1 2		Page 183	1 2		Page 185
2	in the shrinkage and contraction that	Page 183	2	testing in which the bladder is backfilled with fluid. You could also	Page 185
2	in the shrinkage and contraction that occurs with hernia mesh, the neurons that	Page 183	2 3	testing in which the bladder is backfilled with fluid. You could also have the patient go home with a measuring	Page 185
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2 3 4 5	in the shrinkage and contraction that occurs with hernia mesh, the neurons that supply different sensations to the skin, of pain, heat, pressure, become entrapped	Page 183	2 3 4 5	testing in which the bladder is backfilled with fluid. You could also have the patient go home with a measuring device and have her measure voids over a short period of time, like 24 hours, and	Page 185
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Page 186 Page 188 1 lifting related to her job. 1 Α. Yes. BY MR. MORIARTY: 2 2 Q. All right. I have a couple 3 3 Q. Okay. Do you know anything of questions about that. First of all, 4 about who put on any particular 4 do you know whether Dr. Heit submitted 5 restrictions that she's under or when 5 100 percent of the mesh that he removed 6 6 those restrictions were placed? to the pathology department? 7 7 A. I'd have to refer to his Α. No, I don't. 8 8 Okay. In your opinion, to a operative report. 9 9 probability, has Mrs. Hammons' smoking Well, they're here. Here's O. 10 had any effect on the health of her 10 the first one right there. So right now you are looking at Exhibit 15, is it? 11 tissues? 11 12 12 A. Yes, 15. On the second page Α. No, I don't believe so. She's evidenced normal healing throughout of the operative note toward the bottom 13 13 14 her course if her -- in her gynecologic 14 of the description of procedures, "The 15 surgeries and also others. 15 right portion of the mesh was excised by O. So even though it's 16 cutting its insertion points into the 16 considered to be a risk factor for obturator internus muscle with curved, 17 17 18 someone like Mrs. Hammons, in your 18 heavy Mayo scissors. Sent to pathology 19 opinion it was not a factor at all in her 19 for evaluation." 20 development of prolapse originally or the 20 Okay. So are you assuming 21 recurrence of her posterior prolapse? 21 that he sent 100 percent of what he 22 A. Correct. 22 removed? 23 And is that just based on 23 That's what it sounds like. Q. Α. 24 the fact that she seemed to heal well 24 And then on the left side, he describes a Page 187 Page 189 after her surgeries in 2009 and 2012 and 1 similar dissection and removal of the 1 2 2013? 2 mesh. He doesn't specifically state 3 A. And 2014, I believe, is when 3 again that the specimen was sent to 4 she had a knee replacement. Yeah. 4 pathology, but since pathology received 5 5 two specimens -- and I think, on the I've never seen any healing 6 impairment in her at all. 6 pathology report, they were identified as 7 Q. All right. Well, could she 7 right and left, if I'm not mistaken. 8 8 have a chronic impact on tissues without So without the specific 9 9 having acute healing issues words saying he sent the left, I would 10 assume that to be the case. 10 postoperatively? 11 A. That's possible. I don't 11 Q. Okay. And do you know think that's been demonstrated in the whether the pathologist just measured the 12 12 13 literature. 13 specimen as submitted or whether they tried to flatten out the mesh, if you 14 Q. At Page 8 of your report, 14 15 Exhibit 1, you're talking about 15 will? 16 Dr. Heit's two procedures, and you went 16 A. I have no idea. back to the pathology reports and you 17 All right. Do you have an 17 were doing some calculations about how opinion, to a reasonable degree of 18 18 medical probability, as to how much mesh 19 much mesh was there compared with the 19 total mesh that may have been implanted, remains in Patricia Hammons? 20 20 21 correct? 21 A. Well, clearly, she has the 22 Yeah. 22 entirety of the four mesh arms. And it's Α. 23 Do you see those 23 possible that she also has a component of Q. measurements? 24 the mesh body leading up to the arms and 24

		Page 190		P	Page 192
1	existing lateral in a lateral	•	1	are not recurrences caused by Prolift,	
2	position.		2	are they?	
3	Q. Have you ever done a		3	A. Now, in general, what we	ı
4	calculation of what you believe is that		4	know from the literature is that when	ı
5	amount of mesh?		5	mesh is used, Prolift mesh is used in one	ı
6	A. Remaining in her?		6	compartment, that that can deflect the	ı
7	Q. Yes.		7	forces of intra-abdominal pressure and	ı
8	A. No.		8	have that force impact more fully on the	ı
9			9	•	ı
	Q. In your report, you stated			compartment that had not previously been	ı
10	that it's your opinion that the mesh will		10	treated with the Prolift mesh.	ı
11	continue to cause inflammation and		11	Q. I thought I asked earlier	ı
12	continue to contract; is that right?		12	whether the rectocele and enterocele that	ı
13	A. Yes.		13	Dr. Lackey found in the fall of 2009 were	ı
14	Q. What's the basis for that		14	related to Prolift. And you said no. I	ı
15	opinion?		15	thought I asked that.	ı
16	<ul> <li>A. The basis for that opinion</li> </ul>		16	MR. SLATER: Could you read	ı
17	is the fact that the body's response to a		17	that back.	ı
18	foreign body doesn't ever go away. It's		18	(Whereupon, the court	ı
19	not transient. It continues for as long		19	reporter read back the requested	ı
20	as the foreign body in this case, the		20	portion of testimony.)	ı
21	mesh is in place. And we know that		21	MR. SLATER: Objection.	ı
22	the higher the level of inflammatory		22	Foundation, argumentive.	ı
23	reaction you have incites an even greater		23	THE WITNESS: Perhaps I	ı
24	degree of mesh contraction.		24	misunderstood the question.	ı
				•	
		Page 191		P	Page 193
1	So there's plenty of	Page 191	1	BY MR. MORIARTY:	Page 193
1 2	So there's plenty of evidence about how mesh behaves in use,	Page 191	_	BY MR. MORIARTY:	Page 193
2	evidence about how mesh behaves in use,	Page 191	2	BY MR. MORIARTY: Q. Okay. Well, let's let me	Page 193
2	evidence about how mesh behaves in use, in the body, to support that opinion.	Page 191	2	BY MR. MORIARTY: Q. Okay. Well, let's let me ask it this way. Is it your	
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2 3 4 5 6	evidence about how mesh behaves in use, in the body, to support that opinion.  Q. Have you seen any evidence from the medical records themselves that Mrs. Hammons has had chronic bladder or	Page 191	2 3 4 5 6	BY MR. MORIARTY: Q. Okay. Well, let's let me ask it this way. Is it your understanding that Mrs. Hammons currently has a rectocele and/or enterocele? A. Give me a minute. Yes.	
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	evidence about how mesh behaves in use, in the body, to support that opinion.  Q. Have you seen any evidence from the medical records themselves that Mrs. Hammons has had chronic bladder or vaginal infections?  A. No, I don't believe so. Q. What about chronic urinary tract infections?  A. Oh, I'm sorry. I thought that was part of the question that you just asked. But in any event, no. No. Q. I don't recall right now. Did you see the office records of Dr. Thorn, the orthopedic surgeon who performed the knee replacement surgery?  A. I'd have to look at my reliance list. I believe so, but I would know better to look at the list.	Page 191	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	BY MR. MORIARTY: Q. Okay. Well, let's let me ask it this way. Is it your understanding that Mrs. Hammons currently has a rectocele and/or enterocele? A. Give me a minute. Yes. Q. And are you attributing her current rectocele and enterocele to Prolift, the Prolift surgery she had in May of 2009? A. In general, we know that her risk is higher. If that's exactly why her rectocele developed, I can't say that with 100 percent certainty. Q. Are you going to render an opinion, to a reasonable probability, that that's what happened? A. Yes, I think it's more likely than not that the Prolift would have had a role in that.	
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	evidence about how mesh behaves in use, in the body, to support that opinion.  Q. Have you seen any evidence from the medical records themselves that Mrs. Hammons has had chronic bladder or vaginal infections?  A. No, I don't believe so. Q. What about chronic urinary tract infections?  A. Oh, I'm sorry. I thought that was part of the question that you just asked. But in any event, no. No. Q. I don't recall right now. Did you see the office records of Dr. Thorn, the orthopedic surgeon who performed the knee replacement surgery?  A. I'd have to look at my reliance list. I believe so, but I would know better to look at the list. Q. If Mrs. Hammons claims that I'm sorry. Let me rephrase that.	Page 191	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	BY MR. MORIARTY: Q. Okay. Well, let's let me ask it this way. Is it your understanding that Mrs. Hammons currently has a rectocele and/or enterocele? A. Give me a minute. Yes. Q. And are you attributing her current rectocele and enterocele to Prolift, the Prolift surgery she had in May of 2009? A. In general, we know that her risk is higher. If that's exactly why her rectocele developed, I can't say that with 100 percent certainty. Q. Are you going to render an opinion, to a reasonable probability, that that's what happened? A. Yes, I think it's more likely than not that the Prolift would have had a role in that. Q. If Dr. Baker had performed a vaginal hysterectomy and an anterior	

4		Page 194			Page 196
1	forces to the untreated compartment?		1	BY MR. MORIARTY:	
2	A. It can. What happens		2	Q is that right?	
3	when the difference between a native		3	A. No, I wouldn't agree with	
4	repair like an anterior colporrhaphy is		4	that. She didn't have any evidence of a	
5	that that's closer to what the outcome		5	posterior pelvic disorder, if you want to	
6	is. It's not a stage zero. What we've		6	call it that.	
7	learned over time is that getting women		7	Unmasking means something is	
8	like Mrs. Hammons to a point where they		8	in place and you just happened to find it	
9	are at stage zero, that's not necessarily		9	later, as opposed to something that's not	
10	the best outcome for them. And,		10	there and develops subsequently.	
11	certainly, with regard to the Prolift,		11	Q. Is it likely is it more	
12	there are a lot of reasons why, in		12	likely than not, that regardless of the	
13	The state of the s		13	•	
	addition to the prolapse issue.			surgical technique chosen by Dr. Baker in	
14	So that in an anterior		14	May of 2009, that Mrs. Hammons at some	
15	repair, to a lesser extent the forces		15	point would have developed a rectocele	
16	could affect the posterior wall.		16	and enterocele?	
17	Q. Let me make sure I		17	A. No. I can't say it's more	
18	understand what you're saying.		18	likely that she would. She is at risk.	
19	Mrs. Hammons had a pelvic floor disorder,		19	But I I wouldn't say that it's more	
20	did she not?		20	than likely that she definitely would.	
21	A. Yes.		21	Q. Do you have any way to know,	
22	Q. And she was at risk for		22	Dr. Weber, the degree to which	
23	that, correct?		23	Mrs. Hammons' vagina was shortened by	
24	A. Yes. She developed it.		24	Prolift versus her vaginal hysterectomy	
		Page 195			Page 197
1	Q. Okay. And the first		1	and her posterior procedures done by	
	manifectation of it was a systemale				
2	manifestation of it was a cystocele,		2	Dr. Lackey?	
3	correct, and an apical prolapse?		3	A. No, I don't.	
3 4	correct, and an apical prolapse?  A. Yes.		3 4	A. No, I don't.  Do you mind if I stop for a	
3 4 5	correct, and an apical prolapse? A. Yes. Q. Okay. And the posterior		3 4 5	A. No, I don't.  Do you mind if I stop for a few minutes and run to the restroom?	
3 4 5 6	correct, and an apical prolapse?  A. Yes.		3 4 5 6	A. No, I don't.  Do you mind if I stop for a few minutes and run to the restroom?  (Short break.)	
3 4 5	correct, and an apical prolapse? A. Yes. Q. Okay. And the posterior		3 4 5	A. No, I don't.  Do you mind if I stop for a few minutes and run to the restroom?	
3 4 5 6	correct, and an apical prolapse? A. Yes. Q. Okay. And the posterior prolapse, the rectocele and enterocele,		3 4 5 6	A. No, I don't. Do you mind if I stop for a few minutes and run to the restroom? (Short break.) BY MR. MORIARTY: Q. In your report, you comment	
3 4 5 6 7	correct, and an apical prolapse? A. Yes. Q. Okay. And the posterior prolapse, the rectocele and enterocele, manifested later, correct?		3 4 5 6 7	A. No, I don't. Do you mind if I stop for a few minutes and run to the restroom? (Short break.) BY MR. MORIARTY:	
3 4 5 6 7 8	correct, and an apical prolapse?  A. Yes. Q. Okay. And the posterior prolapse, the rectocele and enterocele, manifested later, correct?  A. Yes.		3 4 5 6 7 8	A. No, I don't. Do you mind if I stop for a few minutes and run to the restroom? (Short break.) BY MR. MORIARTY: Q. In your report, you comment	
3 4 5 6 7 8 9	correct, and an apical prolapse?  A. Yes. Q. Okay. And the posterior prolapse, the rectocele and enterocele, manifested later, correct?  A. Yes. Q. After her first repair		3 4 5 6 7 8 9	A. No, I don't. Do you mind if I stop for a few minutes and run to the restroom? (Short break.) BY MR. MORIARTY: Q. In your report, you comment or mention Dr. Zipper's findings of a	
3 4 5 6 7 8 9	correct, and an apical prolapse?  A. Yes. Q. Okay. And the posterior prolapse, the rectocele and enterocele, manifested later, correct? A. Yes. Q. After her first repair surgery, correct?		3 4 5 6 7 8 9	A. No, I don't. Do you mind if I stop for a few minutes and run to the restroom? (Short break.) BY MR. MORIARTY: Q. In your report, you comment or mention Dr. Zipper's findings of a Grade 3 apical prolapse. Did you see	
3 4 5 6 7 8 9 10	correct, and an apical prolapse?  A. Yes. Q. Okay. And the posterior prolapse, the rectocele and enterocele, manifested later, correct? A. Yes. Q. After her first repair surgery, correct? A. Yes. A. Yes.		3 4 5 6 7 8 9 10 11	A. No, I don't. Do you mind if I stop for a few minutes and run to the restroom? (Short break.) BY MR. MORIARTY: Q. In your report, you comment or mention Dr. Zipper's findings of a Grade 3 apical prolapse. Did you see that? And a Grade 3 posterior prolapse?	
3 4 5 6 7 8 9 10 11 12	correct, and an apical prolapse?  A. Yes. Q. Okay. And the posterior prolapse, the rectocele and enterocele, manifested later, correct?  A. Yes. Q. After her first repair surgery, correct? A. Yes. Q. All right. It's not the mesh that actually creates a rectocele.		3 4 5 6 7 8 9 10 11 12	A. No, I don't. Do you mind if I stop for a few minutes and run to the restroom? (Short break.) BY MR. MORIARTY: Q. In your report, you comment or mention Dr. Zipper's findings of a Grade 3 apical prolapse. Did you see that? And a Grade 3 posterior prolapse? A. I believe he described those as stages. I want to be sure about that.	
3 4 5 6 7 8 9 10 11 12 13	correct, and an apical prolapse?  A. Yes. Q. Okay. And the posterior prolapse, the rectocele and enterocele, manifested later, correct? A. Yes. Q. After her first repair surgery, correct? A. Yes. Q. All right. It's not the mesh that actually creates a rectocele. It just deflects forces in the direction		3 4 5 6 7 8 9 10 11 12 13	A. No, I don't. Do you mind if I stop for a few minutes and run to the restroom? (Short break.) BY MR. MORIARTY: Q. In your report, you comment or mention Dr. Zipper's findings of a Grade 3 apical prolapse. Did you see that? And a Grade 3 posterior prolapse? A. I believe he described those as stages. I want to be sure about that. Yes. Stage. Correct.	
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	correct, and an apical prolapse?  A. Yes. Q. Okay. And the posterior prolapse, the rectocele and enterocele, manifested later, correct? A. Yes. Q. After her first repair surgery, correct? A. Yes. Q. All right. It's not the mesh that actually creates a rectocele. It just deflects forces in the direction of the posterior compartment; is that correct?  A. That's the explanation or the rationale given for this research		3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. No, I don't. Do you mind if I stop for a few minutes and run to the restroom? (Short break.) BY MR. MORIARTY: Q. In your report, you comment or mention Dr. Zipper's findings of a Grade 3 apical prolapse. Did you see that? And a Grade 3 posterior prolapse? A. I believe he described those as stages. I want to be sure about that. Yes. Stage. Correct. Q. If she has apical and posterior prolapse, those are recurrences from the procedure done by Dr. Heit and Lackey, correct?	
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	correct, and an apical prolapse?  A. Yes. Q. Okay. And the posterior prolapse, the rectocele and enterocele, manifested later, correct? A. Yes. Q. After her first repair surgery, correct? A. Yes. Q. All right. It's not the mesh that actually creates a rectocele. It just deflects forces in the direction of the posterior compartment; is that correct? A. That's the explanation or the rationale given for this research finding, yes.		3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	A. No, I don't. Do you mind if I stop for a few minutes and run to the restroom? (Short break.) BY MR. MORIARTY: Q. In your report, you comment or mention Dr. Zipper's findings of a Grade 3 apical prolapse. Did you see that? And a Grade 3 posterior prolapse? A. I believe he described those as stages. I want to be sure about that. Yes. Stage. Correct. Q. If she has apical and posterior prolapse, those are recurrences from the procedure done by Dr. Heit and Lackey, correct? A. I would agree with that as	
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	correct, and an apical prolapse?  A. Yes. Q. Okay. And the posterior prolapse, the rectocele and enterocele, manifested later, correct? A. Yes. Q. After her first repair surgery, correct? A. Yes. Q. All right. It's not the mesh that actually creates a rectocele. It just deflects forces in the direction of the posterior compartment; is that correct? A. That's the explanation or the rationale given for this research finding, yes. Q. All right. And so, in some		3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. No, I don't. Do you mind if I stop for a few minutes and run to the restroom? (Short break.) BY MR. MORIARTY: Q. In your report, you comment or mention Dr. Zipper's findings of a Grade 3 apical prolapse. Did you see that? And a Grade 3 posterior prolapse? A. I believe he described those as stages. I want to be sure about that. Yes. Stage. Correct. Q. If she has apical and posterior prolapse, those are recurrences from the procedure done by Dr. Heit and Lackey, correct? A. I would agree with that as far as excuse me as far as the	
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	correct, and an apical prolapse?  A. Yes. Q. Okay. And the posterior prolapse, the rectocele and enterocele, manifested later, correct?  A. Yes. Q. After her first repair surgery, correct? A. Yes. Q. All right. It's not the mesh that actually creates a rectocele. It just deflects forces in the direction of the posterior compartment; is that correct?  A. That's the explanation or the rationale given for this research finding, yes. Q. All right. And so, in some sense, it unmasks a part of the body		3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. No, I don't. Do you mind if I stop for a few minutes and run to the restroom? (Short break.) BY MR. MORIARTY: Q. In your report, you comment or mention Dr. Zipper's findings of a Grade 3 apical prolapse. Did you see that? And a Grade 3 posterior prolapse? A. I believe he described those as stages. I want to be sure about that. Yes. Stage. Correct. Q. If she has apical and posterior prolapse, those are recurrences from the procedure done by Dr. Heit and Lackey, correct? A. I would agree with that as far as excuse me as far as the posterior prolapse. She had apical	
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	correct, and an apical prolapse?  A. Yes. Q. Okay. And the posterior prolapse, the rectocele and enterocele, manifested later, correct? A. Yes. Q. After her first repair surgery, correct? A. Yes. Q. All right. It's not the mesh that actually creates a rectocele. It just deflects forces in the direction of the posterior compartment; is that correct? A. That's the explanation or the rationale given for this research finding, yes. Q. All right. And so, in some sense, it unmasks a part of the body that's already diseased		3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. No, I don't. Do you mind if I stop for a few minutes and run to the restroom? (Short break.) BY MR. MORIARTY: Q. In your report, you comment or mention Dr. Zipper's findings of a Grade 3 apical prolapse. Did you see that? And a Grade 3 posterior prolapse? A. I believe he described those as stages. I want to be sure about that. Yes. Stage. Correct. Q. If she has apical and posterior prolapse, those are recurrences from the procedure done by Dr. Heit and Lackey, correct? A. I would agree with that as far as excuse me as far as the posterior prolapse. She had apical prolapse even before she saw Dr. Baker.	
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	correct, and an apical prolapse?  A. Yes. Q. Okay. And the posterior prolapse, the rectocele and enterocele, manifested later, correct?  A. Yes. Q. After her first repair surgery, correct? A. Yes. Q. All right. It's not the mesh that actually creates a rectocele. It just deflects forces in the direction of the posterior compartment; is that correct?  A. That's the explanation or the rationale given for this research finding, yes. Q. All right. And so, in some sense, it unmasks a part of the body		3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. No, I don't. Do you mind if I stop for a few minutes and run to the restroom? (Short break.) BY MR. MORIARTY: Q. In your report, you comment or mention Dr. Zipper's findings of a Grade 3 apical prolapse. Did you see that? And a Grade 3 posterior prolapse? A. I believe he described those as stages. I want to be sure about that. Yes. Stage. Correct. Q. If she has apical and posterior prolapse, those are recurrences from the procedure done by Dr. Heit and Lackey, correct? A. I would agree with that as far as excuse me as far as the posterior prolapse. She had apical	

1					
-1		Page 198			Page 200
1	repair it in the fall of '09. The only		1	saying. Yes.	
2	apical repair was by Dr. Heit in November		2	Q. Every time I'm sorry.	
3	of 2012, correct?		3	Would you agree with me that	
4	A. Yes.		4	every time Mrs. Hammons has one of these	
5	Q. So if Mrs. Hammons now has		5	procedures from May of 2009 onward, it	
6	an apical prolapse, that is a recurrence		6	increases the risks of her having scar	
7	from his repair; is that true?		7	tissue and dyspareunia?	
8	A. Yes.		8	A. In general terms, yes.	
9	Q. Was that apical prolapse		9	Q. Now, I know in at least your	
10	repair to the native tissue, or was that		10	primary report you have rendered some	
			11		
11	part of the mesh procedure that he		12	opinions about bidirectional elasticity,	
12	performed?			correct?	
13	A. The apical suspension		13	A. Yes.	
14	procedure was a sacrospinous ligament		14	Q. Is there some aspect of	
15	fixation. And in the operative report,		15	Mrs. Hammons' current complaints which is	
16	he described providing a connection		16	a result, in your opinion, of mesh not	
17	between the anterior vaginal cuff, the		17	being bidirectionally elastic?	
18	deepest part of the anterior of the		18	MR. SLATER: Objection.	
19	vagina, to the sacrospinous ligament		19	Foundation.	
20	sutures, and posteriorly using the		20	THE WITNESS: I think that	
21	biological graft.		21	is related to issues of pore	
22	Q. All right. So if I		22	collapse and maintaining the	
23	understand what you just said, he used		23	intended characteristics of the	
24	the biological graft for the posterior		24	mesh out of the box and into the	
		Page 199			Page 201
1	repair, but the apical repair was a		1	patient. I'll just stop there.	
2	native tissue repair, correct?		2	BY MR. MORIARTY:	
3	A. Yes.		3	Q. All right. Let me make sure	
4	Q. So if she now has a		4	I understand. I asked earlier about what	
	Stage III rectocele, that is a failure of		5	you thought Mrs. Hammons' surrent	
5				you thought Mrs. Hammons' current	
5 6	the biologic graft that Dr. Heit used in		6	problems were related to her Prolift.	
			6 7		
6	the biologic graft that Dr. Heit used in			problems were related to her Prolift.	
6 7	the biologic graft that Dr. Heit used in November of 2012, correct?		7	problems were related to her Prolift. And what she told me back then and I	
6 7 8	the biologic graft that Dr. Heit used in November of 2012, correct?  A. Yes.		7 8	problems were related to her Prolift.  And what she told me back then and I told you I would give you more of a	
6 7 8 9	the biologic graft that Dr. Heit used in November of 2012, correct?  A. Yes. Q. And if she has an apical		7 8 9	problems were related to her Prolift.  And what she told me back then and I told you I would give you more of a chance to talk about it dyspareunia	
6 7 8 9 10	the biologic graft that Dr. Heit used in November of 2012, correct?  A. Yes. Q. And if she has an apical prolapse, that's a failure of the native		7 8 9 10	problems were related to her Prolift.  And what she told me back then and I told you I would give you more of a chance to talk about it dyspareunia leading to apareunia, contraction and	
6 7 8 9 10 11	the biologic graft that Dr. Heit used in November of 2012, correct?  A. Yes. Q. And if she has an apical prolapse, that's a failure of the native tissue repair that he did also in		7 8 9 10 11	problems were related to her Prolift.  And what she told me back then and I told you I would give you more of a chance to talk about it dyspareunia leading to apareunia, contraction and vaginal distortion, erosions in the	
6 7 8 9 10 11 12	the biologic graft that Dr. Heit used in November of 2012, correct?  A. Yes. Q. And if she has an apical prolapse, that's a failure of the native tissue repair that he did also in November of 2012, correct?		7 8 9 10 11 12	problems were related to her Prolift.  And what she told me back then and I told you I would give you more of a chance to talk about it dyspareunia leading to apareunia, contraction and vaginal distortion, erosions in the vagina and the bladder, correct?	
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6 7 8 9 10 11 12 13 14 15	the biologic graft that Dr. Heit used in November of 2012, correct?  A. Yes. Q. And if she has an apical prolapse, that's a failure of the native tissue repair that he did also in November of 2012, correct?  A. Yes. Q. All right. So, for Mrs. Hammons, she's had recurrences now		7 8 9 10 11 12 13 14	problems were related to her Prolift.  And what she told me back then and I told you I would give you more of a chance to talk about it dyspareunia leading to apareunia, contraction and vaginal distortion, erosions in the vagina and the bladder, correct?  A. Those are the problems that she has experienced and some she continues to experience.	
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Page 204 Page 202 1 There's no evidence in the 1 to further evaluate her situation to get 2 the kind of information that I think 2 medical records from 2013 to now, August 3 3 2015, that she has further bladder you're looking for. 4 erosion, correct? 4 Q. As of today, the opinion 5 Her worsening frequency and 5 that you just gave is a clinical 6 urgency of urination could be a sign of 6 diagnosis, in your terms; is that right? 7 bladder mesh erosion. She hasn't been 7 A. Yes. 8 8 further evaluated on the basis of those Q. Okay. 9 9 Based on how -- what we know symptoms in the only way that you can Α. diagnose bladder mesh erosion. 10 10 about how mesh behaves and everything that Mrs. Hammons has been through. 11 Okay. I just need to know, 11 and my client needs to know, whether, in 12 12 O. Okay. And are you going to your opinion, to a reasonable degree of render opinions, to a reasonable degree 13 13 medical probability, she currently has of medical probability, about any other 14 14 problems that she will experience in the 15 erosion into the bladder from any mesh. 15 16 A. Yeah, I can't answer that 16 future as a result of her Prolift? with a yes or a no. It's possible. The MR. SLATER: When you say 17 17 18 only way to find that out would be for 18 "other problems," do you mean are 19 her to have further evaluation. 19 there opinions as to the future? 20 Q. In your opinion, to a 20 MR. MORIARTY: Yeah. 21 probability, is she currently having 21 BY MR. MORIARTY: erosion of mesh into the vagina? 22 22 O. Other medical problems that 23 No, not as of May 5, 2015. 23 she -- that Mrs. Hammons is going to Α. 24 Q. In your opinion, to a 24 experience in the future. Page 203 Page 205 probability, what is the current cause of 1 A. In -- in addition to the 1 2 her dyspareunia and/or apareunia? 2 ones that she already has? 3 3 A. I think the causes are Q. Well, we've talked about 4 4 erosions, and now we've talked about related to the presence of the Prolift 5 5 dyspareunia and apareunia. And I assume mesh, even though a certain amount of it 6 has been removed. The scarring and 6 that the contraction and vaginal 7 damage to the vaginal tissue on a nerve 7 distortion is, in your opinion, linked to 8 8 and blood vessel level that continues to the dyspareunia and apareunia, correct? 9 9 affect her, and to the -- in the areas Α. where the Prolift mesh still exists, the 10 Okay. So what I need to 10 Q. 11 ongoing foreign body reaction and 11 find out before I leave Philadelphia is inflammatory process that continues the whether you intend to go to trial and 12 12 13 vicious cycle of scarring, and so on. 13 testify that Mrs. Hammons is likely to O. Are there any objective experience other physical complaints 14 14 related to Prolift into the future. 15 tests that can be run on Mrs. Hammons to 15 16 confirm or deny the description that you 16 A. I think it's more likely 17 17 than not, she has a substantial mesh iust gave? A. Imaging can identify the burden. She's already, unfortunately, 18 18 mesh. MRI, ultrasound. shown herself to be someone who's 19 19 An objective test is -responding with a severe intensity of the 20 20 21 other than linking her symptoms -- her 21 inflammatory reaction and the foreign symptoms, the findings on the physical 22 body reaction and bridging fibrosis and 22 the scar plating. And she has all of 23 examination, and then possibly the 23 24 results of imaging, that would be the way 24 those mesh arms in the obturator spaces,

Page 206 Page 208 the hip and the groin. I would be very 1 mesh erosion in the bladder, or some 2 concerned that she would be developing infection of the remaining mesh arms, is 2 3 3 more likely than not to happen with new complications as a result of that. 4 Patricia Hammons. 4 Q. Okay. I understand as a 5 physician and a compassionate person you 5 A. Yes. I did think I answered 6 may be very concerned about that. My 6 that. 7 question is whether you have an opinion, 7 O. And what is the basis for 8 to a reasonable degree of medical 8 your opinion that she is likely to suffer 9 probability, that she is going to develop 9 either bladder or vaginal erosion? certain specific problems in the future The ongoing mesh burden. 10 10 related to her Prolift. The ongoing chronic inflammatory foreign 11 11 body reaction that's continuing to incite 12 A. Yes. 12 13 Okay. And what are those chemicals, cell death, scarring, further Q. 13 problems going to be? nerve damage. Those are all the things 14 14 A. The problems are likely to that form the basis for that opinion. 15 15 be in the areas where she continues to 16 16 So is it your opinion that have the mesh, which are the obturator because these are likely to occur, 17 17 18 spaces in the groin and all the muscles 18 these -- this should all be removed that the mesh arms have gone through and 19 19 surgically soon to prevent that? the reaction that we talked about. And 20 20 A. That's --MR. SLATER: Objection. 21 to the extent that there's still mesh 21 22 22 left in the vagina, then she would be Foundation. 23 manifesting that as a vaginal mesh 23 THE WITNESS: That's a 24 erosion. Even worse, another bladder 24 clinical decision that would need Page 207 Page 209 mesh erosion. Those would be the 1 to be made between Mrs. Hammons 1 2 2 and her possible explanting locations. 3 3 Q. Okay. So the only specific surgeon. 4 medical problems you mentioned were 4 BY MR. MORIARTY: 5 vaginal mesh erosion and bladder erosion. 5 Q. Okay. To the best of your 6 Do you think either of those are likely, 6 knowledge, is there any peer-reviewed 7 based on everything you've reviewed in 7 literature published that would support 8 8 this case? your opinion that mesh arms in a patient 9 9 like Mrs. Hammons are likely to be Α. Well, I think you also included in that the mesh -- or at least 10 10 infected long-term? 11 I did -- the mesh arms. So they are 11 Well, as I told you, there carrying on with their issues. They are reports in the literature. That's 12 12 could be infected. There are many cases 13 13 not a number that you can relate to, in the literature reported of rapidly okay, because of this mesh arm, she has a 14 14 risk of XY over her lifetime. Those data 15 developing severe infections that occur 15 16 quite remote from the index mesh 16 don't exist. implantation. So she remains at risk for 17 17 Is there any data to support O. that in the groin where those four mesh a mesh infection rate of greater than 18 18 19 arms are. 19 50 percent? 20 Okay. Dr. Weber, I 20 Q. That's something that can't 21 understand that she may be at risk. All 21 be calculated from the literature, as it 22 kinds of things are possible. What I 22 exists. need to find out is whether you have an 23 23 So there is no literature to 24 opinion that mesh erosion in the vagina, 24 support an opinion that mesh arms are

1		Page 210			Page 212
1	likely to be infected long-term, correct?		1	that literature does not exist.	
2	A. I've told you what I know		2	Q. Is there any literature	
3	about the literature. That's you		3	regarding midurethral slings for stress	
4	don't get a numerator and a denominator.		4	urinary incontinence with infection rates	
				•	
5	I don't have an I don't have a figure		5	of greater than 50 percent?	
6	for you, a percentage figure, 50 percent		6	A. I have not mastered that	
7	or higher. You asked for my opinion, and		7	literature completely.	
8	I gave it to you.		8	Q. Has Mrs. Hammons ever	
9	Q. Well, what is your		9	complained to a physician, in any of the	
10	understanding of more likely than not to		10	medical records that you have seen, of	
11	be greater than 50 percent chance of		11	pelvic pain unrelated to sexual	
12	something occurring?		12	intercourse?	
13	A. More likely than not.		13	A. Not that I can recall right	
14	Q. Is it greater than		14	now.	
15	50 percent chance of occurring, correct?		15	Q. All right. So as I	
16	A. Yes.		16	understand it from your general primary	
17	Q. Okay. So what I'm trying to		17	report, you have criticisms of Ethicon	
18	find out is whether there's any published		18	for the representations they made about	
19	literature		19	bidirectional elasticity, correct?	
20	A. No.		20	MR. SLATER: Didn't we go	
21	Q to support a greater than		21	over this already? You want to go	
22	50 percent chance that a patient with a		22	over it again?	
23	mesh will be infected.		23	MR. MORIARTY: She didn't	
24	A. No. That literature does		24	answer me. That's why I want to	
	711 1101 That includes a docs		_ '	answer mer macs why I want to	
		Page 211			Page 213
1	not exist.		1	find out what the damages were	
2	Q. Okay. So from all the		2	first. So now I'm circling	
3	hernia literature, from all the pelvic		3	back	
4	mesh literature, the thousands of		4	MR. SLATER: I object. The	
5	articles that have been written, there's		5	question doesn't make sense as	
6	nothing about infection rates greater			asked. Lack of foundation,	
			6	· · · · · · · · · · · · · · · · · · ·	
7	than 50 percent in patients who have mesh		7	mischaracterization.	
8	long-term?		8	MR. MORIARTY: Okay.	
9	A. I misunderstood your		9	MR. SLATER: It doesn't make	
	anno a alti a callitta		10	sense.	
10	question, then. I thought we were				
11	talking about prolapse. I didn't realize		11	THE WITNESS: Could you	
11	talking about prolapse. I didn't realize		11	THE WITNESS: Could you	
11 12 13	talking about prolapse. I didn't realize we were talking about hernia. Because the most common chronic infection that		11 12 13	THE WITNESS: Could you repeat that? BY MR. MORIARTY:	
11 12 13 14	talking about prolapse. I didn't realize we were talking about hernia. Because the most common chronic infection that hernia patients have is pain. So pain		11 12 13 14	THE WITNESS: Could you repeat that? BY MR. MORIARTY: Q. What's your in just a few	
11 12 13 14 15	talking about prolapse. I didn't realize we were talking about hernia. Because the most common chronic infection that hernia patients have is pain. So pain would be another thing that would happen		11 12 13 14 15	THE WITNESS: Could you repeat that? BY MR. MORIARTY: Q. What's your in just a few sentences, what is your opinion about	
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11 12 13 14 15 16 17 18 19	talking about prolapse. I didn't realize we were talking about hernia. Because the most common chronic infection that hernia patients have is pain. So pain would be another thing that would happen with her mesh arms.  I have not done a complete review of the hernia literature to come up with a percentage.		11 12 13 14 15 16 17 18 19	THE WITNESS: Could you repeat that? BY MR. MORIARTY: Q. What's your in just a few sentences, what is your opinion about bidirectional elasticity? MR. SLATER: Don't answer that question. Next question. It's been	
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	Page 214			Page 216
1	elasticity harm Patricia Hammons, in your	1	Q. Mrs. Hammons did not?	·
2	opinion?	2	A. Mrs. Hammons relied on	
3	A. Once a claim has been	3	Dr. Baker's expertise and authority as a	
4		4	·	
	recognized as without foundation, without		physician to follow his recommendations.	
5	data, despite the fact that it's been	5	And the information that he conveyed to	
6	present in IFU after IFU, then I become	6	her, his misplaced confidence in the	
7	very concerned that other statements also	7	Prolift product was what made	
8	lack data to support.	8	Mrs. Hammons get the Prolift in the first	
9	And, in fact, that is also	9	place.	
10	true, that there are claims that Ethicon	10	Q. Okay. I understand that's	
11	has made time and time again until	11	your opinion. My question is very	
12	finally someone challenges them, like the	12	simple.	
13	FDA, and it turns out they have no	13	Did Mrs. Hammons herself	
14	clinical data to support that. In fact,	14	rely on anything about bidirectional	
15	they're misrepresenting that this is a	15		
	, , ,		elasticity when she made the decision	
16	statement that they can actually support.	16	A. No.	
17	Q. All I want to find out is	17	Q to have Prolift?	
18	how Ethicon's claims regarding	18	A. No.	
19	bidirectional elasticity harmed this	19	MR. SLATER: Are you guys	
20	specific patient.	20	withdrawing the intermediary from	
21	<ul> <li>A. Because she believed what</li> </ul>	21	this case?	
22	Ethicon said. She made a decision to	22	MR. MORIARTY: Is that a	
23	allow this to be implanted in her body	23	rhetorical question?	
24	based on information that she had been	24	MR. SLATER: It's an ironic,	
	Page 215			Page 217
1	Page 215	1	tired comment. Or a tired ironic	Page 217
1	given by the company and from her doctor	1	tired comment. Or a tired, ironic	Page 217
2	given by the company and from her doctor who had been given that information by	2	comment. It seemed funnier in my	Page 217
2	given by the company and from her doctor who had been given that information by the company, when the company is known to	2	comment. It seemed funnier in my head.	Page 217
2 3 4	given by the company and from her doctor who had been given that information by the company, when the company is known to withhold information, make misleading and	2 3 4	comment. It seemed funnier in my head.  Susan almost laughed.	Page 217
2 3 4 5	given by the company and from her doctor who had been given that information by the company, when the company is known to withhold information, make misleading and inaccurate claims.	2 3 4 5	comment. It seemed funnier in my head. Susan almost laughed. MS. ROBINSON: I almost	Page 217
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2 3 4 5	given by the company and from her doctor who had been given that information by the company, when the company is known to withhold information, make misleading and inaccurate claims.	2 3 4 5	comment. It seemed funnier in my head. Susan almost laughed. MS. ROBINSON: I almost	Page 217
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Page 218 Page 220 1 foundation, misconstrues the facts in this case except for one. So 2 Mrs. Hammons, same age, same issue. 2 3 3 characteristics, has a vaginal BY MR. MORIARTY: 4 4 hysterectomy. There's no apical repair. Q. There's some discussion in 5 your primary report about pore size, this 5 Has a transvaginal mesh placed with the same kind of trocars and equipment. But 6 difference between -- I think it's a 6 7 millimeter and 75 microns. You're very 7 that mesh has pore sizes or effective 8 pore sizes of one millimeter. 8 familiar with that issue, correct? 9 9 MR. SLATER: Objection. Is it your opinion that these things would not have happened to 10 Mischaracterizes. 10 Mrs. Hammons over the course of 2009 and THE WITNESS: Yes. 11 11 12 BY MR. MORIARTY: 12 '10? Q. Okay. Can you point to any A. It is my opinion that she 13 13 specific harm caused to Patricia Hammons would not have developed mesh contraction 14 14 assuming that the pore size was 15 15 to the extent that she did because of 75 microns instead of one millimeter? 16 16 pore collapse and bridging fibrosis and MR. SLATER: Objection. ridged scar plating and all the things 17 17 18 Lack of foundation. 18 that we've been talking about all day. Whether she would have had 19 Mischaracterizes the issue. 19 20 THE WITNESS: Yes. 20 no complications whatsoever, I can't 21 BY MR. MORIARTY: 21 answer that. 22 Q. Okay. Is that a separate 22 Q. Okay. So is it your opinion 23 opinion from what you've already told me 23 that with a pore size or an effective 24 about the foreign body reaction and 24 pore size of one millimeter, she would Page 219 Page 221 contraction? 1 not have had dyspareunia? 1 2 No, that's the same issue. 2 No, that is not my opinion. 3 Q. Okay. So what complication 3 Okay. So, in your opinion, 4 if the Prolift inserted in Ms. Hammons 4 would she not have had with an effective 5 had one-millimeter pore sizes, she 5 pore size of one millimeter? 6 wouldn't have developed these problems? 6 A. Mrs. Hammons has dyspareunia 7 MR. SLATER: Objection. 7 because of mesh contraction. There are 8 8 Foundation. Incomplete question. many other causes of dyspareunia that 9 9 don't apply to Mrs. Hammons. And I can't Incomplete hypothetical. Misconstrues the issue. 10 predict in some future hypothetical 10 whether she would have an experience of 11 BY MR. MORIARTY: 11 one of those other factors. 12 Q. Is that your opinion? 12 MR. SLATER: You can answer. 13 13 Q. But are you saying that she THE WITNESS: Effective pore would not have dyspareunia from mesh 14 14 contraction had the pore size been 15 size and -- and I can't predict 15 16 what would happen with a specific 16 different? patient. Effective pore size That's my understanding, 17 17 Α. greater than one millimeter has 18 18 yes. been identified by mesh experts as 19 19 Okay. Did Dr. Heit ever say in his deposition that it was impossible 20 what's needed for a safe mesh. 20 to remove the mesh that he did remove 21 Effective pore size. 21 22 BY MR. MORIARTY: 22 from Patricia Hammons? 23 Q. Okay. I'm just trying to 23 A. I'm sorry? It's impossible 24 figure out -- let's assume all the same 24 to remove the mesh he removed?

_		age 222			Page 224
1	Q. I knew somebody was going to		1	Hospital, which is a emergency room	
2	flag that silly question.		2	record. Remember you were shown that	
3	MR. MORIARTY: I thought it		3	earlier?	- 1
4	was going to be you.		4	A. Yes.	- 1
5	MR. SLATER: I'm just trying		5	Q. And you talked about a	- 1
6	to figure out what happened when		6	complaint of a pessary falling out. Do	
7	you said we were almost done an		7	you remember that question?	
8	hour ago.		8	A. Yes.	
9	MR. MORIARTY: It's not my		9		- 1
	•				- 1
10	fault.		10	on the third page. It says that "she had	- 1
11	MR. SLATER: Now I feel		11	pain in the vaginal area and the	- 1
12	responsible.		12	aggravating factor was the pessary" and	- 1
13	BY MR. MORIARTY:		13	that "the onset of that pain was this	- 1
14	Q. So, obviously, Dr. Heit was		14	evening," correct?	- 1
15	able to remove some of the mesh, correct?		15	A. Yes.	
16	A. Yes.		16	Q. Is there any indication this	
17	Q. Now, did he say in his		17	was anything other than an acute event	
18	deposition that he left whatever mesh he		18	that caused discomfort?	- 1
19	left behind because it was impossible to		19	A. No.	
20	remove?		20	Q. Okay. I'll start at the end	- 1
21	A. Because it in his		21	• ,	- 1
				and work my way forward.	
22	judgment, the risk of continuing to		22	You were asked about the	- 1
23	remove the mesh was not in the patient's		23	bidirectional elasticity statement that	- 1
24	best interest, not that it was		24	was in the IFU, even though Ethicon	
		age 223	_		Page 225
1	necessarily impossible. He's making a	age 223	1	eventually admitted they had obviously	Page 225
2	necessarily impossible. He's making a judgment based on his experience about	age 223	2	had no data to support it and removed it	Page 225
2	necessarily impossible. He's making a judgment based on his experience about how to proceed in the best interest of	age 223	2 3	had no data to support it and removed it for that reason. Do you remember you	Page 225
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Page 226 Page 228 Prolift couldn't have happened because 1 counsel about your opinions on future there would have been no Prolift to cause injuries and symptoms she suffered due to 2 2 3 3 the mesh. Do you remember those them? 4 4 questions a few minutes ago? Α. Correct. 5 Q. The bidirectional elasticity 5 A. Yes. statement actually has a second half that 6 O. And you were asked by 6 says that it allows adaptations to the 7 counsel would the mesh need to be 7 8 removed, and you indicated, Well, that 8 body's stresses, correct? 9 9 would be a conversation she'd have to Yes. Α. 10 O. And when the mesh contracts 10 have with a surgeon that was actually 11 and becomes inflexible and hard, it's not 11 considering treating her, correct? adapting to the body's stresses, is it? 12 A. Yes. 12 O. Am I correct that the 13 A. No. 13 14 MR. MORIARTY: Objection. 14 removal of any large amount of mesh, 15 BY MR. SLATER: 15 especially the arms, meaning the mesh that remains in her body, would not 16 Q. So the lack of adaptation to 16 the body's stresses would actually be one likely be safe and certainly not feasible 17 17 of the factors that was causing harm to 18 to a large extent, especially taking into 18 19 Mrs. Hammons, wouldn't it? 19 account the arms? 20 MR. MORIARTY: Objection. 20 MR. MORIARTY: Objection. 21 THE WITNESS: Yes. 21 THE WITNESS: Yes. 22 BY MR. SLATER: 22 BY MR. SLATER: 23 23 Q. Early on in the deposition, O. You were asked about the 24 frequency and urgency in relation to 24 you were asked about Dr. Baker's Page 227 Page 229 evaluation of the stage of prolapse when 1 whether or not there was some -- well, 1 2 2 he first was evaluating Ms. Hammons. Do rephrase. 3 3 You were asked about the you remember those questions from earlier 4 4 in the deposition? frequency and urgency that's been 5 5 reported for Ms. Hammons, correct? Α. Yes. 6 A. Yes. 6 And Dr. Baker -- tell me if Q. 7 Q. And am I correct that there 7 I'm correct -- indicated a Stage IV 8 8 were -- there are indications in the prolapse in his records, correct? 9 9 records that the mesh was irritating and A. A Grade 4. actually eroding into the detrusor? 10 Grade 4. Sorry. 10 Q. MR. MORIARTY: Objection. 11 And his definition of a 11 Grade 4 prolapse -- tell me if I'm 12 THE WITNESS: Yes. 12 13 BY MR. SLATER: 13 wrong -- was that it protrudes outside the vagina at all? 14 Q. And is it likely that that 14 A. Outside -- right. Correct. is a contributing factor to her frequency 15 15 16 and urgency complaints? 16 Outside of the hymen, yes. 17 Yes. 17 Outside of the hymen. I'm A. And is it likely that 18 18 sorry. continued irritation from the mesh and 19 19 Under the POP-Q measurement system, which is the rigorous clinical the scarring in that area would be a 20 20 evaluation system, could the bladder 21 likely contributing factor to any ongoing 21 frequency and urgency that she has? protrude outside the hymen, beyond the 22 22 hymen and be a Stage II? 23 Yes. 23 Α. 24 Q. You were asked about -- by 24 Yes. Α.

		Page 230			Page 232
1	Q. So is that one of the		1	that at all?	
2	factors that you considered in evaluating		2	A. No.	
3	what her stage of prolapse likely was?		3	<ul><li>Q. In terms of evaluating,</li></ul>	
4	A. Yes.		4	again, what the stage of prolapse was,	
5	Q. Did you see documents		5	you indicated that Ms. Hammons was able	
6	internal to Ethicon indicating that the		6	to actually she commented on what she	
7	Prolift was actually only indicated for		7	could feel, correct?	
8	Stage III and IV prolapse?		8	A. Yes.	
9	MR. MORIARTY: Objection.		9	Q. Did she also indicate that	
10	This is a general opinion.		10	she saw a bit of the bladder, that she	
11	MR. SLATER: You asked about		11	could see that under certain	
12			12	circumstances as well?	
13	this. And she said it. I'm going to make it clean.		13		
				A. Yes.	
14	But that was good. You kept		14	Q. And when you put together	
15	a straight face.		15	everything that Ms. Hammons said and	
16	BY MR. SLATER:		16	everything Dr. Baker said, you believe	
17	Q. Are you familiar with those		17	she had a Stage II, possibly an early	
18	documents?		18	Stage III?	
19	A. Yes.		19	A. Yes.	
20	Q. Did Ethicon warn Dr. Baker		20	Q. You were asked a question	
21	in any way, to your knowledge, that he		21	about restrictions on Ms. Hammons when	
22	would need to have a rigorous clinical		22	she went back to work. Do you remember	
23	evaluation performed of the prolapse to		23	that question earlier?	
24	ensure that it was at least a full-blown		24	A. Yes.	
		Page 231			Page 233
1	Stage III or IV before this procedure	Page 231	1	O. Was Ms. Hammons cleared to	Page 233
1 2	Stage III or IV before this procedure would be indicated? Was he told that	Page 231		Q. Was Ms. Hammons cleared to go back to work, according to the	Page 233
2	would be indicated? Was he told that	Page 231	2	go back to work, according to the	Page 233
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		Page 234			Page 236
1	2000 date FDA public health notification		1	the report to find those specific words.	
2	and asked if that was available,		2	Certainly, the issue of selecting the	
3	something that could have been available		3	I'm sorry that Ethicon intended	
4	to Dr. Baker. Remember you were asked		4	Prolift to be used for advanced stages of	
	•				
5	that?		5	prolapse, meaning Stage III and IV, is	
6	A. Yes.		6	something that is discussed in my report.	
7	Q. That was certainly available		7	Q. Okay. And I understand that	
8	to Ethicon, wasn't it?		8	that is. What I'm trying to find out is	
9	A. Yes.		9	whether you have rendered an opinion	
10	Q. They knew about it, right?		10	previously in your primary report, or	
11	A. Yes.		11	even in your report in this case,	
12	Q. The 2008 2007 ACOG		12	Exhibit 1, that Ethicon had some duty to	
13	bulletin, you authored that, called these		13	go so far as to tell the doctors to be	
14	procedures experimental. Was that		14	extra careful about the documentation and	
15	something that was available to Ethicon?		15	physical examination of the degree of	
				· ·	
16	MR. MORIARTY: Objection.		16	existing prolapse.	
17	THE WITNESS: Yes.		17	A. That would be part and	
18	BY MR. SLATER:		18	parcel of being a highly skilled,	
19	Q. Did Ethicon have the		19	high-volume-performing pelvic	
20	opportunity to warn about all those types		20	reconstructive surgeon, to have the	
21	of things if they had wanted to?		21	familiarity and experience in doing	
22	A. Yes.		22	detailed assessments of women's prolapse.	
23	MR. SLATER: I don't have		23	Q. That's not my question. My	
24	any other questions.		24	question is only whether you have written	
		Page 235			Page 237
1		Page 235	1	about this opinion before in either	Page 237
1 2	 FURTHER EXAMINATION	Page 235	1 2	about this opinion before in either Exhibit 1 or Exhibit 2.	Page 237
2	 FURTHER EXAMINATION 	Page 235		Exhibit 1 or Exhibit 2.	Page 237
2 3	FURTHER EXAMINATION BY MR. MORIARTY:	Page 235	2	Exhibit 1 or Exhibit 2.  MR. SLATER: Objection.	Page 237
2 3 4	BY MR. MORIARTY:	Page 235	2 3 4	Exhibit 1 or Exhibit 2.  MR. SLATER: Objection.  That's argumentive. And it	Page 237
2 3 4 5	BY MR. MORIARTY: Q. Sorry. He raised a couple	Page 235	2 3 4 5	Exhibit 1 or Exhibit 2.  MR. SLATER: Objection.  That's argumentive. And it mischaracterizes.	Page 237
2 3 4 5 6	BY MR. MORIARTY: Q. Sorry. He raised a couple new ones.	Page 235	2 3 4 5 6	Exhibit 1 or Exhibit 2.  MR. SLATER: Objection.  That's argumentive. And it mischaracterizes.  I'll let Dr. Weber answer	Page 237
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2 3 4 5 6 7 8 9	BY MR. MORIARTY: Q. Sorry. He raised a couple new ones. Mr. Slater was just talking about something about whether Ethicon needed to warn Dr	Page 235	2 3 4 5 6 7 8 9	Exhibit 1 or Exhibit 2.  MR. SLATER: Objection.  That's argumentive. And it mischaracterizes.  I'll let Dr. Weber answer again. I think she was very direct on that.  You can answer again.	Page 237
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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	that the device was intended to be used by high-volume surgeons. Let's just leave it at that, whether the words "highly skilled" are in those testimony or documents. Okay. That's a separate question.  What I'm trying to find out is whether you have previously rendered an opinion before today that a company like Ethicon had to go so far as to basically tell doctors how to stage and grade their patients.  MR. SLATER: Objection.  That mischaracterizes all the testimony and lack of foundation.  You can answer.  BY MR. MORIARTY:  Q. That's a "yes" or "no" or an "I don't remember if I've written that before"?  MR. SLATER: I don't agree with the characterization. The doctor can answer as she sees fit to a question that's very	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	MR. MORIARTY: Okay. I don't have any other questions. (The witness was excused.) (Deposition concluded at approximately 3:08 p.m.)	Page 240
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	confusing. THE WITNESS: In the very specific way your question is worded, I don't believe I've written on that in my report. BY MR. MORIARTY: Q. Okay. The other thing that Mr. Slater asked you about is, is it your opinion that Mrs. Hammons currently has frequency and urgency related to her Prolift? A. Mrs. Hammons has urinary symptoms related to the fact that the Prolift was implanted and, in the process of scarring and all the things that we've been talking about, affected her bladder function to an ongoing extent, regardless of what small portion of the mesh may be removed and what portion remains. Q. All right. So it's your opinion that Mrs. Hammons has ongoing urinary complaints related to her Prolift? A. Yes.	2 3 4 5 F 6 F 7 to V 8 8 F 7 to U 5 t	State of Pennsylvania : :SS  County of Philadelphia :  CERTIFICATE I, MICHELLE L. GRAY, a tegistered Professional Reporter, certified Shorthand Reporter and Notary vablic do hereby certify that, pursuant o notice, the deposition of ANNE M. VEBER, M.D. was duly taken at Kline & specter, 1525 Locust Street, thiladelphia, Pennsylvania, on eighermber 1, 2015 at 9:03 a.m. before me. sunne M. WEBER, M.D. was first duly sworn by me according to law to tell the truth, the whole truth and nothing but the truth ind thereupon did testify as set forth in the above transcript of testimony. The estimony was taken down stenographically by me.  I do further certify that the above deposition is full, complete and a true record of all the testimony given by the said witness.  MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand Reporter and Notary Public Dated: September 2, 2015  (The foregoing certification of this transcript does not apply to any eproduction of the same by any means, anless under the direct control and/or upervision of the certifying reporter.)	Page 241

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be deemed to be accurate and may be used in court.	Page 242	Page 2  1	244
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	E R R A T A  PAGE LINE CHANGE  REASON:		Page 2  1	245